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Union Calendar No. 612

99TH CONGRESS *2d Session*	HOUSE OF REPRESENTATIVES	REPORT 99-1027

REPORT ON THE ACTIVITIES FOR THE YEAR 1986

OF THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

HOUSE OF REPRESENTATIVES

99TH CONGRESS

SECOND SESSION

together with

ADDITIONAL MINORITY VIEWS

DECEMBER 22, 1986.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

Membership

The Select Committee on Children, Youth, and Families during the Second Session of the 99th Congress included 25 members, each of whom served on the Committee and one or two of the Committee's three task forces. The members are listed below.

GEORGE MILLER, California, *Chairman*

WILLIAM LEHMAN, Florida
PATRICIA SCHROEDER, Colorado
LINDY (MRS. HALE) BOGGS, Louisiana
MATTHEW F. McHUGH, New York
TED WEISS, New York
BERYL ANTHONY, JR., Arkansas
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SANDER M. LEVIN, Michigan
BRUCE A. MORRISON, Connecticut
J. ROY ROWLAND, Georgia
GERRY SIKORSKI, Minnesota
ALAN WHEAT, Missouri
MATTHEW G. MARTINEZ, California
LANE EVANS, Illinois

DAN COATS, Indiana, Ranking Minority
HAMILTON FISH, JR., New York
THOMAS J. BLILEY, JR., Virginia
FRANK R. WOLF, Virginia
NANCY L. JOHNSON, Connecticut
JOHN R. McKERNAN, JR., Maine
BARBARA F. VUCANOVICH, Nevada
DAVID S. MONSON, Utah
ROBERT C. SMITH, New Hampshire
WILLIAM W. COBEY, JR., North Carolina*

*Appointed to the Select Committee on April 22, 1986, after resignation of Dan Burton, Indiana.

TASK FORCES

Task Force on Prevention Strategies

WILLIAM LEHMAN, *Chair*
THOMAS J. BLILEY, JR., *Ranking Minority*

Task Force on Crisis Intervention

LINDY (MRS. HALE) BOGGS, *Chair*
NANCY JOHNSON, *Ranking Minority*

Task Force on Economic Security

PATRICIA SCHROEDER, *Chair*
FRANK R. WOLF, *Ranking Minority*

LETTER OF TRANSMITTAL

U.S. HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES,
Washington, DC, December 22, 1986.

Hon. BENJAMIN J. GUTHRIE,
Clerk, House of Representatives, Washington, DC.

DEAR MR. GUTHRIE: In accordance with House Rule XI (1)(d), we are pleased to transmit the enclosed report entitled, "Activities Report for the Year 1986 of the Select Committee on Children, Youth, and Families, 99th Congress, Second Session. This report has been preceded by a document entitled, "A Report on the Activities of the Select Committee on Children, Youth, and Families, 99th Congress, First Session," summarizing our activities for 1985 which was submitted to you earlier.

Read together these reports provide an analysis of the committee's work during the 99th Congress.

Respectfully submitted.

Sincerely,

GEORGE MILLER,
Chairman.
DAN COATS,
Ranking Minority Member.

Enclosure.

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99TH CONGRESS
2d Session

HOUSE OF REPRESENTATIVES

REPORT
99-1027

REPORT ON THE ACTIVITIES FOR THE YEAR 1986

DECEMBER 22, 1986.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. MILLER of California, from the Select Committee on Children, Youth, and Families, submitted the following

REPORT

together with

ADDITIONAL MINORITY VIEWS

SUMMARY OF 1986 ACTIVITIES

Following is a list of the activities conducted by the Select Committee on Children, Youth, and Families during the calendar year 1986. Following the list are summaries of the major findings of each hearing, details of the sites visited in conjunction with field hearings, the corresponding fact sheets, and excerpts from reports issued.

Hearings Conducted

"Native American Children, Youth, and Families in the Northwest", Seattle, Washington.

"Native American Children, Youth, and Families in the Southwest", Sacaton, Arizona; Albuquerque, New Mexico.

"The Diversity and Strength of American Families", Washington, D.C.

"Work in America: Implications for Families", Washington, DC.

"Children and Families in the South: Trends in Health Care, Family Services and the Rural Economy", Macon, Georgia.

"Infants at Risk: Parental Addiction and Disease", Washington, DC.

"Divorce: The Impact on Children and Families", Washington, DC.

"The Crack Cocaine Crisis" (jointly held with the Select Committee on Narcotics Abuse and Control), Washington, DC.

"Children and Families in the Midwest: Employment, Family Services and the Rural Economy", Galesburg, Illinois.

"Hispanic Children, Youth, and Families: Challenges, Changes and Employment" (jointly held with the Committee on Education and Labor Subcommittee on Employment Opportunities), Washington, DC.

"Children in State Care: Ensuring Their Protection and Support", Washington, DC.

Sites Visited

Yakima Indian Reservation, State of Washington

The Yakima Tribal School: Three Head Start programs, grades 1-6, and grades 7-12 for Indian students in danger of dropping out of public school and needing an alternative school setting.

Nak Nu We Sha: is a child and family service agency established in 1975 as a three-year demonstration project sponsored by the National Center on Child Abuse and Neglect.

Navajo Nation, Window Rock, Arizona

St. Michaels School for Special Education, contracts with school districts on the reservation to provide special education to disabled children and young adults.

Navajo Nation, Klagetoh, Arizona

The Select Committee visited Klagetoh, looking in particular at housing conditions.

Papago Indian Reservation, State of Arizona

Bureau of Indian Affairs Boarding School, Santa Rosa—serving children from grades K through 9.

Indian Health Service Clinic, the only clinic in the northern part of the reservation, serves as many as 50 people each day. A mobile health unit provides health care to more remote parts of the region and to non-ambulatory patients.

Laguna Pueblo, State of New Mexico

Acoma-Canoncito-Laguna Teen Center, located on the Laguna-Acoma Jr./Sr. High School campus, is a school-based comprehensive service center which provides comprehensive health care, including sports physicals and health education programs, mental health and counseling services, substance abuse counseling and prevention services, and academic and employment counseling for teens in the area.

Mercer University School of Medicine, Macon, Georgia

The mission of Mercer University's Medical School's unique tutorial program is to train primary care physicians in family practice medicine for rural communities in Georgia, where great need exists for primary care providers and services.

Children's Hospital National Medical Center, Washington, D.C.

Neonatology Intensive Care Unit, and *Division of Child Protection,* a special unit of Children's Hospital, which provides comprehensive services to physically abused, neglected, and sexually victimized children and their families. Through clinical services, child advocacy programs, and public and professional education, the Division has pioneered several innovative programs in child maltreatment case management.

Reports Issued

A Report on the Activities of the Select Committee on Children, Youth, and Families.—The report includes a list of hearings conducted, sites visited, and reports issued during 1985; summaries of the major findings of each hearing and their corresponding fact sheets; a list of witnesses and those who submitted testimony for the record; and excerpts from three of the reports issued.

Safety Net Programs: Are They Reaching Poor Children?—This report examines the extent to which three critical safety net programs—Aid to Families with Dependent Children (AFDC), Head Start and the Special Supplemental Food Program for Women, Infants and Children (WIC)—are reaching children at or below the poverty level, and are reaching the counties with the highest percentages of impoverished children in 1984. Trends in child poverty between 1979 and 1974 are also analyzed.

COMMITTEE HEARING SUMMARIES AND FACT SHEETS

SUMMARY OF FULL COMMITTEE HEARING ON "NATIVE AMERICAN CHILDREN, YOUTH, AND FAMILIES IN THE NORTHWEST" SEATTLE, WASHINGTON, JANUARY 7, 1986

This hearing, "Native American Children, Youth and Families in the Northwest" was the first in a series on Native American families. These hearings continue the Committee's ongoing focus on American families, including those with special or unique problems.

Native Americans, who suffer from higher levels of poverty, unemployment, alcoholism, and high school drop-out rates than all other families, and have fewer resources available to them to address these issues, unfortunately fall into this category.

The hearing began with the testimony of Eloise King, Director, Children Welfare Services, of the Colville Confederated Tribes in Washington. Ms. King told the Committee that the Colville Tribe has recently experienced a severe decline in its economy, due to its reliance on the depressed timber industry. Unemployment on the reservation is currently 70%.

The depressed economy has exacerbated a number of problems for families. Child abuse and neglect cases increased from 342 in 1982 to over 500 cases in 1985. Sexual abuse cases increased from three in 1983 to 25 in 1985.

Many families cannot meet basic food and shelter needs. The cost of electric heat, a major source of home heating on the reservation, now averages $325/month, depleting family resources to meet other basic needs.

Adolescent pregnancy has increased and now represents 25% of all pregnancies. Many teenagers do not receive timely prenatal care, abuse alcohol or drugs, and have inadequate diets. As a result they frequently have poor pregnancy outcomes, including an increasing number of babies born with fetal alochol syndrome.

In supplemental testimony, the tribe's Family and Mental Health Education counseling staff attribute many of the tribe's social problems to the breakdown in traditional Indian values and mores, leaving young people with no behavioral norms. They describe this breakdown as due in part to discrimination against Indians, as well as to policies which attempted to force assimilation.

Ms. King concluded by urging that grants to individual tribes under the Title XX Social Services Block Grant and under the Low-Income Home Energy Assistance Act be consolidated and the monies given to tribal authorities for distribution. This recommendation is incorporated in H.R. 2720, introduced June 11, 1985, by Rep. Frenzel, and is part of a position paper developed by participants at the May, 1985, Third Annual National American Indian Conference on Child Abuse and Neglect.

John Navarro, Training Director, Council on Tribal Employment Rights (CTER), Seattle, WA, described how CTER enhances employment opportunities on reservations by enforcing Indian preference in hiring. Mr. Navarro began his testimony by stating that unemployment on Indian reservations typically ranges between 25% and 85%. He compared this to the 1981–82 recession when employment nationwide reached 10.2%, and was called a "disaster." He said that the high unemployment on reservations is linked to alcoholism, suicide, and serious deficits in housing, education and social services.

Mr. Navarro told the Committee that, although federal law requires employers operating on reservations to give preference to the hiring of Indian workers, the law is rarely enforced. CTER assists tribes in creating Tribal Employment Rights Offices (TERO's) that assert Indian rights to preferential hiring. The TERO's negotiate contracts with both public employers, such as the U.S. Department of Transportation, and private employers, that include provisions for the hiring of local Indian workers. TERO's also train workers to fill the contracts, and CTER is helping them to tap into education and job training resources, such as JTPA.

When meaningful, market-wage jobs are created through TERO efforts, Mr. Navarro said a full range of benefits results: "First of all you reduce unemployment; you provide access to opportunity; you reduce dependency; you improve self-esteem. You improve family stability. You provide successful role models where none existed in the past. You provide Indian youth with the opportunity to reach their expectations."

Donna Olson, Employment and Training Branch Manager of the Nez Perce Tribe, ID, testified next, introduced by Allen Slickpoo, Secretary of the Nez Perce Tribal Council. Mr. Slickpoo described the economic decline of tribal enterprises and the discrimination Indians face when they attempt to secure employment in non-Indian enterprises, both on and off the reservation. He tied economic and employment problems to family instability.

In 1979, the Nez Perce Tribal Executive Committee passed a Tribal Employment Rights Ordinance (TERO) which established preferred hiring requirements for Indians for all employers operating within the reservation boundaries. Employers were required to hire, train and promote Indian workers. The TERO office developed a job skills bank and referral service. It negotiated contracts with employers and monitored compliance with the TERO ordinance.

According to Ms. Olson, prior to passage of TERO, virtually no on-reservation construction jobs were filled by Indians. Since passage, every project utilizes Indian labor as skill levels allow. During 1984–85, two federally funded highway construction projects provided a total of 95 jobs and $317,830 in income. Similar success was achieved with private business establishments on the reservation.

Ms. Olson stated that children of employed parents show improved school attendance and achievement. In addition, because families provide support to the working member, there is a decrease in alcohol abuse among employed parents.

According to Ms. Olson, the relatively modest TERO program has been more successful in securing meaningful, competitive wage jobs for Indians than the more expensive CETA program. The

Equal Employment Opportunity Commission, through small contracts of $25,000, has provided strategic high-quality training and technical assistance which has strengthened the Nez Perce TERO, as well as TERO's in 35 other reservations.

In closing, Ms. Olson stated she felt meaningful job opportunities on reservations will lay a foundation for a stable generation of Indian families and a cessation of the social problems.

Next to testify was Lynne Walks-On-Top, Economic Development Planner of the Spokane Tribe in Washington. Ms. Walks-On-Top described several projects designed to create wider employment opportunities, since the mines and milling operations which had employed a major proportion of the workforce have closed. Unemployment on the Spokane reservation is now 84%.

The new economic development projects involve a computer component business and a bingo operation. The tribe has also purchased a cabinet-making operation and hopes it will employ 92 tribal members.

Ms. Walks-On-Top linked high unemployment with a number of problems affecting children, youth and families. In 1984, there were 13 child abuse and neglect cases referred to the tribal court. In 1985, there were 13 such cases in the first 8 months, and two were sexual abuse cases. The tribe's Indian Child Welfare agency averages one child abuse and neglect case a week, although there are only 12 licensed foster homes on the reservation, and these are typically filled.

In 1984, there were seven runaways reported to the police. By August 1, 1985, there were 23. Juvenile delinquency is more frequent, and substance abuse is increasingly evident among the preteen population. However, current alcohol programs on the reservation address only the needs of adults. There is no program aimed at children and youth.

Ms. Walks-On-Top said that studies show Indian students achieve at levels comparable to non-Indian children until they reach 7th grade, when their performance steadily declines. Nearly 50% drop out before graduation. Researchers have concluded that 7th grade is the age when Indian children become aware of their minority status, and the discrimination displaced by the dominant culture.

In response to this finding, the Spokane Tribe has asked the Washington Department of Education to fund classes in Indian language, culture, and history for children in grades K–6, hopefully instilling in them a greater sense of pride and easing the sense of discouragement and failure at the age of "reality."

In conclusion, Ms. Walks-On-Top urged both a continuation of independent, tribal sponsored economic development projects and federally assisted programs.

Hon. Jeannette Whitford, Chief Judge, Coeur D'Alene Tribe in Idaho, led the second panel of witnesses. Judge Whitford reviewed briefly the history of the Coeur D'Alene Tribe. In the 19th century, the tribe embraced Catholism. They also adopted farming. The mixture of cultures worked fairly well until the Allotment Act of 1891, which divided the land into 160 acre, individually owned lots. The concept of private holdings was foreign to the Indians. As these lots were further subdivided for heirs, the land was no longer able to sustain the needs of families. Judge Whitford said this began an in-

tergenerational cycle of dependence on welfare programs—both tribal-provided allowances from tribal enterprises, and federal payments and services provided through the Bureau of Indian Affairs. Judge Whitford feels the dependency helped destroy initiative and contributed to family instability.

World War II, which exposed many Indians to other values and cultures, and federal policy under the Eisenhower Administration designed to remove Indians from reservations, further undermined stabilizing values and traditions, according to Judge Whitford. The policies of the Kennedy/Johnson era were designed to support life on the reservations, but in recent years inadequate funding has disrupted efforts to address problems of alcoholism, family violence, and juvenile delinquency.

She cited examples of programs which got underway on the Coeur D'Alene reservation, and then lost funding as tribes competed for inadequate and shrinking dollars. A successful crisis shelter for abused and neglected children, established by Judge Whitford, lost its funding even though it helped mobilize a range of other family services.

Judge Whitford concluded by urging more adequate funding levels for the Indian Child Welfare Act, so that tribes do not have to compete for funding. She also noted the one "bright spot" on the reservation—the recently established tribal school for preschool through grade 8. There are 104 children in attendance learning the Coeur D'Alene language, the drumming and singing of traditional songs, and tribal dress and dancing. She also noted that the younger parents seem more interested in the quality of their children's education.

The Committee next heard from Marie Starr, Director, Muckleshoot Youth Home, Auburn, WA. It is the only state-licensed group home for Indian children in Washington. Children come to the home from seven different states, as well as Canada. Since opening in 1979, the home has served 89 children, many of whom stay as long as 3 years. The home accepts sibling groups, infants, and "hard to place" kids—many of whom are teenagers. The home provides 24 hour staffing, as well as 24 hour crisis telephone counseling for family members. Staff work with parents with the goal of returning the children to them. However, when parents are not able to resume care of their children, the home places the children in foster care. A unique feature of the home is that children are encouraged to develop relationships in the surrounding community, and they will license a home of the child's choosing if the family agrees to provide care.

Indian children come to the home from a variety of family situations. Thirteen have come from two-parent families. The rest come from single-parent families (39), repartnered parents (20), families where parental rights have been terminated (8), or from families where both parents are deceased (5). Most of the children who leave the home return to their parents (32), or live with relatives (20). Most of the rest are placed in foster care settings, or in guardianship (23).

Despite the demonstrated need for the Muckleshoot Youth Home, state funding has declined over the past 5 years, while

Bureau of Indian Affairs funding has remained stable. Costs of running the home have, meanwhile, steadily increased.

Diane Starr, Houseparent at the Muckleshoot Youth Home, accompanied Marie Starr. She described her role at the group home as a stern but loving disciplinarian. The children often do not have good personal grooming habits, interpersonal skills, or knowledge of cooking and housekeeping. The staff try to teach them these and other skills. Many of them stay in touch with the staff after returning to their parents, or being placed in a foster home. Ms. Starr said all of the children, except the infants, are full of anger about their parents, and about the separation from their families.

Cheryl Henderson Peters, Project Coordinator Skokomish Sexual Abuse Prevention and Treatment Project, Skokomish Tribe, WA, testified next. This program is a state-funded sexual abuse treatment and prevention program, providing school-based prevention services, for children and teachers. Treatment and referral services are provided to abuse victims, as well as individual and family therapy.

Since the project began 2½ years ago, 150 individuals have been treated or referred. Sixty percent of them are Indian, from the Skokomish Tribe, as well as eight other tribes. Ms. Henderson Peters said she is particularly proud of the frequent requests for services from the non-Indian population—a confirmation of recognition that quality service is being offered by the project.

Ms. Henderson Peters stressed that the strong support for the project from tribal elders and Council members accounts for much of the project's success. The project is in the third and last year of funding by the Washington Department of Health and Social Services. Efforts are underway to locate ongoing funding sources.

Ms. Lucy Shaffer-Peterson, Vice-Chairperson of the Skokomish Tribe, described how the child sexual abuse project began. As a child protective service worker, she learned of a child sexual abuse case involving two girls, age 7 and 9, and their father and grandfather. Charges against the grandfather were dropped. Their father was convicted, served 6 months in jail, and never received treatment.

Ms. Shaffer-Peterson stated that the grandfather had molested her when she was 7 years old, as well as many of her cousins. Dismissal of the charges, the father's harassment of the woman pressing charges on behalf of her children, and the lack of treatment for the convicted perpetrator, led her to urge establishment of support groups made up of tribal elders for adult survivors of child sexual abuse. The elders, in turn, urged the creation of the sexual abuse prevention and treatment project.

Marilyn Bentz, Ph.D., Assistant Professor of Anthropology and Director, American Indian Studies Center, University of Washington, began the final panel of witnesses. Dr. Bentz briefly reviewed the history and impact of federal policy. She explained that most Indian tribes were in serious cultural disarray before white settlers began impinging on their way of life, and before the treaties placed them on reservations. Disease, carried by white traders, had already wiped out nearly two-thirds of the Indian population.

While struggling to reorganize their decimated societies, Indians faced steady encroachment from overwhelming numbers of white

settlers. Eventually, Indians were forced to negotiate treaties which left them with one-tenth of their former land-base and one-tenth of the resources.

From 1880 to 1920, the Bureau of Indian Affairs sent school-aged Indian children to boarding schools off the reservations. Often the children did not return home for years. They were not allowed to speak their own language, and were subject to a rigidly scheduled routine designed, according to Dr. Bentz, to force adaptation to the dominant, white culture.

After Indians were granted U.S. citizenship in 1924, in recognition of their contribution during the First World War, and especially after World War II, during which many were exposed to urban life, many Indians left the reservation to find work in the cities. The Eisenhower administration began an urban relocation policy in an effort to terminate the reservation system. Many Indians migrated to the cities, but had difficulty succeeding because few had the necessary job skills, or could meet the expectations of employers, due to differing cultural perceptions. Many returned to the reservations.

Dr. Bentz said that today many young people leave the reservations for city life because there are few job opportunities on the reservations, but continue to have difficulty surviving economically. They lose their Indian Health Service benefits and other social service benefits after one year, but do not, or will not, use state and federal social service programs. If they become ill, many return to the reservation where they can receive health care and emotional support. As a result, Dr. Bentz said, reservations are "top-heavy" with the old, the sick, and those needing social services.

In closing, Dr. Bentz stated that the Indian Self-Determination Act of 1975 is an extremely positive federal policy. It has enabled Indians to resume control of their own institutions. She said Indians are making impressive progress in devising solutions to their economic, social, and education problems and concerns. She cautioned that if some economic projects have failed to produce needed income and jobs for the young it is because Indians need time to learn how to effectively administer projects; they need time to make the same mistakes other governments make. She pointed out that Indians have been self-governing for ten years, while they battle the results of 120 years of failed federal policy.

Dr. Bentz also cautioned that Indians need reservations the way any people need a homeland. She told the Committee, "The real hope for a better life for Indians lies in allowing us to develop our own future. Indians are a practical people who see reality as it is, without bemoaning or questioning its validity. We will attend to the things that will bring us a better future if those in power allow us the necessary freedom and support to do so."

Mr. William Burke, Chairman of the Umatilla Tribe's Health and Welfare Commission, OR, testified next. He described two needed services for children and youth which the Umatilla Tribe is unable to provide: foster care placement and juvenile detention facilities. The Umatilla Tribe shares its civil jurisdiction with the

state of Oregon as a P.L. 83-280 state.* Thus, while the tribal court makes determinations about child welfare and juvenile justice matters, it must rely on the state for foster care, shelter care, and detention services. Mr. Burke stated this arrangement was very unsatisfactory since no Indian foster homes were recruited for Indian children. Therefore, Indian juveniles in the criminal justice system must either go to an adult jail, or remain at home or in foster care until placement can be arranged at the nearest juvenile facility, which is 200 miles away.

The Committee next heard from Tessie Williams, Community Health Representative, Confederated Tribes of the Umatilla Reservation, OR. Ms. Williams is a tribal elder. She described the traditions of Indian families, where grandparents were the primary teachers of the young, explaining rituals and responsibility. Life was spiritual, close to nature, and lived according to the seasons.

Today, many families lack an elder; the parents work outside the community; children are separated from adult extended family members and placed in day care and school settings; There is frequently no spiritual guidance. Ms. Williams feels the increased incidence of alcoholism, teenage pregnancy, fetal alcohol syndrome, and poor nutrition are the result.

Ms. Williams told the committee that it was foreseen that the Umatilla people would speak a different language, think a different way, and that their land would be different. Since this was foretold, she tries to teach the young to adopt a way of life that blends the past and the present. She feels this blending is essential for the well being of young Indians, who are tempted by the positive opportunities of contemporary mainstream life, but must have a sense of self-esteem, forged from a spiritual base, to resist negative influences such as drugs and alcohol.

The Committee heard next from Mr. Sylvester Sahme, Director, Allied Health Office and Health Planner, Confederated Tribes of Warm Springs, OR. The Warm Springs Tribe is the largest in Oregon. Ten to 20 years ago, before the tribe had assumed some control for health programs on the reservation, the incidence of alcohol abuse was very high. For example, 23 were due to cirrhosis or acute alcoholism, and 84 due to accidents, homicides, all related to substance abuse.

Mr. Sahme reviewed current health problems, which are being addressed jointly by the Indian Health Service (IHS) and the tribe. He began by noting that the average unemployment rate for the reservation is 35%. He also noted that the Warm Springs population is very young—48% of the enrolled membership is age 20 or younger, while only 4% is over age 60. During 1985, 46% of live births were to unwed mothers. Mr. Sahme said this compares with a state average of 17%. He also stated that a recent study of unintended injuries by the IHS health center showed that almost 70% of injuries occurred to individuals between the age of 0 and 25.

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*A P.L. 83-280 state is one which has opted to assume jurisdiction over criminal and some civil matters for Indian tribes. There are five states which have opted for this approach: California, Minnesota, Nebraska, Oregon, and Wisconsin. The law has since expired. Under the Indian Child Welfare Act, tribes located in P.L. 83-280 states may petition the state to assume jurisdiction over child welfare matters. Some tribes, such as Warm Springs, have pursued, through legal means, assumption of jurisdiction over both minor criminal and civil matters.

The 16–30 age group had the highest number of alcohol related injuries; of 81 motor vehicle related injuries, 34, or 42% were alcohol related.

There is also a higher suicide rate among the Warm Springs population. The suicide rate for the U.S. is 12.1/100,000, but the suicide rate for the Warm Springs population during the first 6 months of 1985 was 85.2/100,000. Most of the suicides were committed by young males under age 20.

For many years neither IHS nor the tribal health programs had been successful in reducing health problems. Mr. Sahme, however, was able to describe several recent health efforts, including: increased prenatal visits, an increase in the use of counseling services; more funds for indigents, increased immunizations, a reduction in substandard housing, and expanded medical insurance coverage.

Mr. Sahme described the federal-tribal partnership as a critical contributing factor to improved health conditions. The Tribe's long-range goal is to move from an emphasis on responding to the sick, and the already injured, toward an emphasis on prevention and wellness.

Janice Lopeman, Community Board Coordinator, Squaxin Island Tribe, WA, described an innovative program that supplements the work of the tribal court system. Squaxin Island is a small reservation, one of 26 that line Puget Sound and the Pacific Coast in the Western part of Washington. Thirteen of these small tribes utilize a circuit judge furnished by the Northwest Inter-Tribal Court System.

Since 1983, five tribes using the Inter-Tribal Court System, including Squaxin Island, have established community boards to mediate general cases of conflict that do not require professional or legal intervention. The boards provide an alternative to the court system, enabling community members to resolve their own conflicts. The community board concept is also in keeping with traditional Indian practice where elders or chiefs help disputing parties work out amicable solutions. Referral to the board is usually voluntary, but for youth, the judge can require a young person to attend a mediation session as part of the juvenile court code.

In 1984, the percentage of self-referrals, compared with agency or court referrals, rose dramatically. In the first 6 months of 1985, all 5 tribes with community boards handled 35 referrals and resolved 7 cases. Of the 35 referrals, 9 involved youths or family crisis issues.

Ms. Lopeman said the community boards offer an alternative to violence, and relieve the workload of the court system. She noted, however, that the boards cannot supplant the vital role of social services that address the problems underlying many of the conflicts the boards handle.

For example, their unemployment rate is currently 49%; the poverty rate is 45%; and 48% of high school students drop out. Last year Squaxin Island lost funding for its day care and preschool, Indian child welfare, and Title IV programs.

The final witness was Woody Verzola, Director of the Indian Street Youth Program, Seattle, WA. The program is the only urban program serving Indian street youth on the West Coast. Most of the youth served by the program are from the Seattle area but

many also come from reservations in Alaska, Montana, Canada, and other Northwest states.

The Indian Street Youth Program has been at full strength for 3 years, but has been a presence in the Seattle community for 14 years. Mr. Verzola is himself a product of urban street life and a high school drop-out. Today, with funding support from federal (Indian Education Act, Title IV-B), state, local, and private (The United Indians of All Tribes Foundation) sources, the Indian Street Youth Program offers Seattle street youth: education classes, including basic skills and GED preparation; drug and alcohol counseling; a drop-in center; outreach services; juvenile justice advocacy; a daily hot lunch; recreation programs; and sweatlodge sessions. The latter is provided at the nearby Daybreak Star Arts Center. It is a sauna-style spiritual group session that teaches traditional Indian methods of purification while encouraging young people to share their concerns.

The program serves approximately 75 youth each day. According to a 1982 survey conducted by the program, there are approximately 275–450 Indian street youth in Seattle at any point in time. Only 12% come from two-parent families. Only 33% have any contact with their families. Most engage in illegal activities to support themselves, and many have been arrested and have spent time in detention. Most do not attend school regularly, but have indicated they would like to have a remedial education program so that they would have access to job opportunities.

The program is designed to meet the needs of these youth. Funding has been precarious, causing the program to relocate, eliminate certain services, etc. When this has happened, Mr. Verzola said the program itself becomes part of the problem, because it is perceived as unreliable and untrustworthy, like so many adults in the lives of the youth he serves.

Accompanying Mr. Verzola were two Indian youth: Ms. Janelle Hayward, age 16, and Leah Ice, age 17.

Ms. Hayward is 6 months pregnant with her third child. Her first child was born when she was 12, a product of a rape. She did not understand she was pregnant until the sixth month. The Indian Street Youth Program referred her to the Seattle Indian Health Board for prenatal care.

Janelle's second and third pregnancies are a product of an ongoing relationship with the man she currently lives with. She told the Committee that her first two children are in and out of foster care. She is trying now to regain custody. She currently attends Heritage High School, a culturally-based alternative school for Indian youth.

Janelle feels her problems stem primarily from the difficulty of growing up with an alcoholic mother. She said her mother was never able to offer her the care and guidance she needed and frequently kicked her out of the house. She says the Indian Health Board, Indian Street Youth Program, and Heritage High School have helped to provide her with adult support and guidance.

Leah Ice is also six months pregnant, but for the first time. She is living with her boyfriend, but they are facing eviction. Leah is a regular user of the Indian Street Youth Program, and feels it has helped her avoid alcohol and drugs. She is currently enrolled in the

program's GED program. She wants to obtain her diploma and someday have a good job. She is provided prenatal care by the Indian Health Board.

HIGHLIGHTS OF SITE VISIT CONDUCTED TO THE YAKIMA RESERVATION, STATE OF WASHINGTON, JANUARY 6, 1986

Melvin Sampson, chairman of the Yakima Tribal Council, greeted the Committee at the Yakima airport.

Driving to the Yakima Tribal School, Mr. Sampson pointed out the new industrial park and the new cultural center, both built by the tribe. The cultural center includes a museum of Indian artifacts and dioramas, and the only exclusively Indian library in the Northwest region.

At the Yakima Tribal School, the Committee was greeted by Jackie Walker, Ph.D., Assistant Superintendent of the school. Dr. Walker has been working with tribal programs for 16 years.

The school includes three Head Start programs, with 40–45 children in each. Enrollment for Head Start has increased from 39 children in 1984 to 121 children in 1985–86. Ten percent of all preschool Indian children are enrolled in Head Start, and there is a waiting list.

For grades 1–6, all children attend public school. It also has classes for grades 7–12 for Indian students needing an alternative school setting. These students are those in danger of dropping out of public school, or those whose parents prefer the tribal school. Currently, 130 students attend grades 7–12. All come from economically disadvantaged families.

The aim of the tribal education program is to provide students a continuum of services. The school conducts a needs assessment of the reservation children, and obtains additional input from the tribal council. Funding for the various programs comes primarily from contracts with the Bureau of Indian Affairs, the Indian Education Act Title IV, and the Department of Agriculture. The Tribal Council provides some assistance, and the local public school district provides some Chapter II funding.

The tribal school also implements the tribe's higher education program. The tribe provides scholarships for students after they have explored financing through their chosen college. Last year, the tribe provided $186,500, a decrease from previous years. The Bureau of Indian Affairs also provided $361,000. The tribe stresses training of higher education students in four areas: law, medicine, outdoor management, and natural resources. The students from the tribe choosing to obtain a higher education have been very successful in obtaining financing. There are 300 students attending college (one attends Harvard University). There is no requirement that tribal-sponsored students return to the reservation after graduation—there are no jobs for them.

The Committee visited a Head Start classroom and a computer lab class for senior high school students. The computers were donated by Apple, Inc. to assist the students in word processing. Grades 9–12 spend one period each day in the computer lab, using the word processors for lessons in English and composition, social studies, math, science, etc.

The Committee met briefly with Head Start staff and parents at a Parent Policy Committee meeting. They expressed satisfaction with the Head Start program, as well as concern over funding cuts.

The second stop of the site visit was at Nak Nu We Sha (Yakima for "We Care"), a child and family service agency on the Yakima reservation. Ms. Betsy Red Bear, Executive Director, and her staff provided an overview of the agency's activities.

Nak Nu We Sha was established in 1975 as a 3-year demonstration project sponsored by the National Center on Child Abuse and Neglect. When the Indian Child Welfare Act (ICWA) was passed in 1978, Nak Nu We Sha applied for and received a grant for the Yakima reservation. The agency serves both Yakima and other Northwestern tribes.

The Bureau of Indian Affairs, the tribal mental health program, the tribal alcohol treatment program, and other agencies have representatives on the Nak Nu We Sha board.

The agency's current caseload is approximately 70 children, most of whom are in preschool or elementary school. The agency is forced to refuse referrals from the state Department of Social and Health Services (DSHS) because it does not have enough staff. During 1984, only five children were rejoined with their parents. This was due largely to parental alcoholism.

In addition to its own caseload, Nak Nu We Sha gets calls for assistance from many small tribes which do not have their own child welfare services. Nak Nu We Sha assists by contacting the local DSHS office, alerting state workers, and reminding them about the provisions of the Indian Child Welfare Act—especially the importance of placing Indian children in Indian foster homes. Often state judges place Indian children and terminate parental rights of Indian parents without identifying the family and children as Indian, and without notifying the appropriate tribal representatives.

According to Ms. Red Bear, the recent increase in child protective referrals is due to the high unemployment rate—currently 72%. The tribe depends on the timber industry for its main source of income, and for five years the industry has been in decline. In 1983, 1,400 tribal members were employed in tribal enterprises. Today, only 350 are employed by the tribe.

Ms. Red Bear and Mr. Sampson also pointed out the need for additional resources for older children. Each year there are 35 runaway or homeless Yakima teenagers. There is no shelter or crisis group home for them. Some are placed in foster family homes, but they are often too difficult for a foster home. Many go to the tribal jail. Recently, several licensed group homes closed, leaving only one group home for Indian children—the Muckleshoot group home in the Eastern sector of the state. It is usually full and has a waiting list.

The Committee proceeded to Tribal Council Headquarters, where Council members and program directors described their programs and concerns.

Stella Washines, Program Manager for the Tribal Alcoholism Program, noted that alcoholism remains a very serious problem. The tribal alcoholism program is serving more clients—up to 150 per month. It is also shifting from providing strictly detoxification

and rehabilitation programs to providing prevention programs, including support services for those at high risk, early screening through the tribe's maternal and child health and public health nursing program, and training in parenting skills.

The next speaker was Marion Dick, Program Manager for the tribe's Maternal and Child Health (MCH) program. The program has been operating since 1973. Approximately 8% of all women who become pregnant in a year are girls under age 16. Ms. Dick stated these babies are at highest risk for congenital birth defects and mortality.

There is a WIC program, which coordinates with the MCH program to help prevent second pregnancies among teenagers. However, there is little coordination of these services with the schools.

Robert Olney, Tribal Council Member, made a short statement urging continued protection of the Yakima Indian people's rights to land and water.

George Colby, prosecutor for the Yakima Tribe, said problems affecting youth are widespread on the reservation. Suicide among youth is a major program. There are no juvenile facilities for runaway and homeless youth, or delinquent youth on or near the reservation. He also pointed out that under the Indian Child Welfare Act the tribe has jurisdiction over child welfare matters, but no longer receives all of its funding directly from the federal government to implement the Act. Such funding now goes first to the states in block grant form, and then to those tribes, like Yakima, that apply for and are awarded monies. This has resulted in fewer dollars for the Yakima Tribe's child welfare efforts, and less ability to develop needed programs. Mr. Colby recommended that all social service monies be consolidated and channeled directly through the Bureau of Indian Affairs.

Joyce Reyes, Executive Director of the Indian Health Service's (IHS) Mental Health Program—which is supported both by the IHS and the tribe—stated she would like to focus more on prevention than current funding allows.

The next speaker, Doug Olney, stressed the connection between unemployment and family problems. He said suicide, in particular, is connected to "idleness and lack of money." Mr. Olney noted that in February 1984, the Yakima Tribe adopted a Tribal Employment Rights Ordinance (TERO) which provides that 50% of the contracts must go to Indian workers. This has helped somewhat to ease unemployment, but the unemployment rate on the reservation is still 72%.

Don Tahkeal, Tribal Council Member, spoke briefly. He also stressed the importance of the Yakima Treaty which guaranteed Indian's rights to land and water.

Ray Olney, Tribal Council Member, and Chairman of the Health, Employment, and Welfare and Legislative Committees of the Council, urged increased, or restored funding, for recreation programs for Yakima Indian youth. He would like to see a baseball diamond, basketball facilities, etc., to provide an outlet for the pent-up energies and emotions of their youth.

Lorintha Warwick, of the tribal planning staff, noted that many Yakima Indians live in the area ceded to the state under the Treaty of 1855. However, they frequently come to the reservation when they need services, such as health care. This influx strains services and budgets which are developed and funded on the basis of the enrolled population living within the boundaries of the reservation.

Summary of Full Committee Hearing on "Native American Children, Youth, and Families in the Southwest" Sacaton, Arizona, January 9, 1986

The second in a series of hearings on the major issues affecting Native American children and their families was held at the Tribal Council Chamber of the Gila River Indian Community in Sacaton, Arizona.

The Lieutenant Governor of Gila River, Thomas R. White, led off the first panel. The Gila River Indian Community is comprised of approximately 7,500 members of the Pima Maricopa Indian Tribes. The economy of Gila River continues to be based largely on agriculture. Unemployment exceeds 38%; the average level of education attained is 8th grade; Pimas and Maricopas have the highest rate of diabetes in the world; and more than 500 families are currently waiting for housing.

Lt. Governor White discussed five areas of particular concern. First, adequate funds for the Indian Child Welfare Act have never been appropriated. For the previous fiscal year, only $800,000 was available for 14 tribes in Arizona, making it impossible to meet the demand for services. Second, those living on the reservation with mental health needs are not being served. The tribe does not have the money or facilities for dealing with people in need of long-term psychiatric care, and the State of Arizona and Maricopa County have denied reservation residents access to state and county hospitals.

Lt. Governor White also spoke of the problems of the sexual abuse of children and adolescent suicide, two problems the tribe is not able to deal with adequately. He recommended the creation of a family resources center on the reservation, but pointed out that the tribe does not have sufficient funds to construct or staff such a center. In addition, the tribe is concerned about the needs of young people who become involved in the tribal court system. The Bureau of Indian Affairs recently built a juvenile rehabilitation and detention center at Gila River, but failed to request funding for staffing. The center remains closed.

Finally, Lt. Governor White spoke of the problem of alcohol and drug use on the reservation. More than 85% of cases handled by Tribal Child Protective Services involve abuse of alcohol. The Indian Health Service has reduced the level of funding for the Tribal Alcohol and Drug Abuse program.

Mona Polacca Fernandez, Director of Tribal Social Services for the Colorado River Indian Tribes, spoke on behalf of the Colorado River Indian Tribes, a consolidated nation of four tribes: the Chemeheuvi, Mohave, Navajo and Hopi. Tribal enrollment is nearly 3,000 with the median age only 22 years.

A 1979 study showed that 15% of the population had completed high school, but had no further education, and 10% had completed

grade 6, but not grade 8. In 1982, another study found that over 75% had an annual income of less than $15,000.

Ms. Fernandez reported large increases between 1981 and 1984 for children placed in foster care due to neglect and family disruption, children brought before the Tribal Court, and child welfare cases brought to the attention of the Tribal Social Services. In 1984, more than 36% of those between the ages of 11 and 18 were arrested.

The tribe is experiencing problems with the educational system as well. Of 56 students beginning high school in 1979, only 8 became members of their senior class. Ms. Fernandez cites poor relationships within the school community, bicultural conflicts, low self-esteem and poorly developed decision-making and problem solving skills as reasons for the high school drop-out rate.

Ms. Fernandez also discussed the effect of boarding schools on Native American children and families: "Many of the common effects are loss of language and cultural identity, alienation between older and younger generations, severe psychological trauma for a whole generation of young people and their parents. The effects of these experiences are being felt in terms of social problems; child abuse and neglect, loss of good parenting skills, alcoholism, and unemployment."

Other social problems, such as depression, divorce, alcoholism and family violence, which occur in the general population, are greatly accelerated and further irritated by the continuous erosion of cultural and traditional customs and beliefs. The tribe provides a range of services to deal with these problems, and to regain a connection with traditional wisdom and practice.

Concerns of Native Americans living in urban areas were addressed by Phyllis Bigpond, Executive Director, Phoenix Indian Center, Inc. Arizona has the third largest off-reservation Indian population in the U.S. The Indian population in Phoenix is increasing and becoming more permanent, ranging from over 16,000 in 1980, to 23,000 in 1983.

The Phoenix Indian Center provides a variety of services including: employment counseling and training, individual and family counseling, alcohol and mental health counseling, child welfare services, legal services, youth services, services for seniors and economic development training.

People leave reservations due to a lack of job opportunities, and a lack of educational and training facilities. However, the transition to city life can be difficult because support systems available on reservations, such as the extended family, traditional coping mechanisms, healing ceremonies, and other familiar community resources are not available. Barriers to employment include: lack of basic job seeking skills such as interviewing techniques and resume writing, problems of substance abuse, lack of competitive occupational skills, continued prejudice against Indians, and lack of transportation.

Education is a critical factor in employment opportunities. The 1983–84 drop-out rate among Indians at the Phoenix Union High School was 27%. School attendance is also a problem, and achievement levels are below state and district norms. Still, at least 20% of Indian people have achieved a college or professional education.

However, a recent survey of employers in Phoenix showed that fewer than 1% of the middle management and above positions are held by Indians. Over 90% of the Phoenix Indian Center's clients earned under $12,000 last year, with the majority (79%) earning $6,000 or less.

Indian people living in an urban environment experience many social problems that affect the family. In the past year, counseling programs at the Center have documented 120 families undergoing episodes of child abuse and neglect, or showing high risk potential for those dysfunctions. Of these families, 79% were single parent, usually female headed (16–21 years of age), with one to three children. A total of 200 children were indentified as having been emotionally, physically, and/or sexually abused or chronically neglected.

Ms. Bigpond ended her statement on a positive note: "It has not been my intent to paint a totally bleak picture, because I feel hopeful that positive growth is necessary and possible. There are positive cultural strengths to be regained and used to guide us. When people feel good about themselves, they can be expected to function accordingly. There needs to be more support for building such images."

Forrest S. Cuch has been the Education Division Head for the Ute Indian Tribe of Fort Duchesne, UT, since 1973. The Ute Tribe, with an enrollment of 1,700, lost 51 (3%) of its members in 1985, and the majority of these deaths were directly related to alcohol. Other problems, such as suicide, child abuse, spouse abuse, and incest, are on the rise. The present unemployment rate is 57%. Four major tribal enterprises have failed recently and have ceased operating.

A recent survey found no significant gains in average academic achievement for Indian students between 1958–78. Although most Ute children enter the public schools performing near the national norm due to successful preparation in the Tribal Head Start program, by the 3rd grade there is an obvious disparity with their non-Indian peers. At the secondary level, Ute students show 3 to 4 years of academic delay. The local high school drop-out rate averaged 31% from 1972 to 1983. The dropout rate for Ute high school students during that time was 75%.

Mr. Cuch believes the tribe must operate their own educational programs rather than relying on the local public schools to educate Ute children.

Mr. Cuch concluded by stating, "Indian tribes need to be given the opportunity to not only succeed, but to fail as well. We need to be allowed the opportunity and responsibility to help our people on our own terms. If something is not working, then we need to change the entire scope or thrust of the program without fear of losing our financial support."

Robert R. Lewis, Director of Social Services for the Salt River Pima-Maricopa Indian Community, began his statement by reviewing the major laws that have influenced the way tribes respond to the concerns of children and families. Until 1975, all services on reservations were provided by non-tribal agencies. With the passage of the Indian Self-Determination Act in 1975, and the Indian

Child Welfare Act in 1978, tribal governments were given an opportunity to develop and direct their own programs.

Initial efforts focused primarily on providing basic social services and on developing administrative expertise. Many tribes are beginning to develop better programs, which are more responsive to the communities they serve. Yet, because few tribes have the resources to fund these programs, reliance on federal sources will continue. Tribes are turning more to the private sector, but these efforts will not balance the cutbacks in federal monies.

As Mr. Lewis pointed out, family stability is greatly affected by factors such as high unemployment rates and inadequate housing. He suggests the need for a community work program as an alternative to dependency on public assistance, and as a way to develop job skills. He also raised a concern about the reduction in funds for HUD housing units. Mr. Lewis suggested that tribes have the ability to alleviate social problems, but must given continuing resources and support if they are to succeed.

The final witness was Lynn Jeanne Rusch, Director, WIC services at the Gila River Indian Community. As of December 31, 1985, 1,138 women, infants and children were enrolled in the WIC program on the reservation. Of these, 900 were infants and preschool-age children. This represents about 50% of the preschool population in the community.

WIC serves about 95% of all pregnant women in the community. Ms. Rusch stated that all the pregnant women on the reservation are at nutritional risk, but roughly 5% do not meet the income guidelines and, therefore, do not qualify for WIC. The major health and nutritional problems which put prenatal women at risk include: obesity (65%), interpartum pregnancy within 16 months (33%), anemia (26%), more than 4 pregnancies (19%), and teenage pregnancies (12%).

Ms. Rusch pointed out that most teen mothers never return to school, although some get their GED. Many young mothers lack parenting skills. Last summer, the WIC program, in conjunction with other tribal programs, the March of Dimes, and the Summer Feeding Program, initiated a summer program for pregnant and parenting teen mothers. The program included courses in food selection and preparation, fetal development, infant growth and development, infant care, self-esteem, family planning, and paternity issues.

Major health programs of infants and children include: frequent respiratory and/or diarrheal infections (29%), overweight babies and babies large for gestational age (19%) and short stature (10%). Ms. Rusch identified other related problems such as high unemployment, overcrowded housing, lack of refrigerators, running water, heat and electricity, inadequate transportation, and alcohol and substance abuse.

Two years ago, several tribes formed the Inter Tribal State WIC Administrative Agency which gave the tribes administrative control over the WIC programs on their reservations. According to Ms. Rusch, this has resulted in more effective and efficient WIC services.

HIGHLIGHTS OF SITE VISIT CONDUCTED TO THE NAVAJO NATION, JANUARY 8, 1986

The Navajo are the largest Indian tribe in the United States, with more than 100,000 members on the reservation (1980). The reservation lies within Arizona, New Mexico, and Utah, and is roughly the size of West Virginia.

In 1979, their median family income was $8,397, and more than 50% of the families lived in poverty. Unemployment is nearly 60%.

In 1980, nearly 80% of the homes were without central heating, over 50% had no piped water, and over 45% had no electricity.

Only 50% of children age 5 to 19 attended school in 1980, and almost 40% of individuals 25 years and older had completed less than five years of school. The Navajo administer an early childhood education program, as well as their own community college.

Committee members flew to Window Rock, Arizona, on January 8. They were escorted to the St. Michaels School for Special Education by Wilfred Yazzi, Director of the Division of Social Welfare; Virgil Pablo, also of that Division; and Louise Ingraham, Chief Nutritionist for the WIC Program, representing the Division of Health Improvement Services (HIS).

Members were met at the school by Arletta Hartman, a teacher and acting principal; Joanna Pearly, chair of the parent group; and Liz Tsosie, a staff member.

There are 130 students at the school, including infants and others up to 22 years of age. The school contracts with school districts on the reservation to provide special education to disabled children and young adults. Children who are able to attend regular school are mainstreamed. Most of the students live at St. Michaels, and are encouraged to spend the weekends with their families. If families are unable to care for the children, they are sent to group homes or to some other family-type situation.

Ms. Hartman told Committee members that transportation is a major problem for the children, and is one of the school's primary costs. The reservation is very large, and every weekend the school transports students hundreds of miles over unimproved roads. Buses break down frequently and have a very short life span.

Members visited a sensory stimulation class for very developmentally delayed children ages three to nine, and an infant stimulation class. There were two infants with fetal alcohol syndrome (FAS) at that time.

Through a grant from the Navajo United Way, the school has been developing alternative means of communication for students who are physically challenged. Members visited a class of students ranging in age from 5 to 17, all of whom had cerebral palsy. Two students were working with a special machine which produced an artificial voice through a number code system.

The preschool class has 20 children in it, one-quarter of whom are not disabled. The school believes that the children themselves can often be the best teachers and role models.

St. Michaels also provides low-level vocational training for the older students.

Many of the children at the school have cleft palates and other problems which require extensive orthodontic work. The only or-

thodontist in the area is located in Shiprock, New Mexico. Eloise Degroat, Chair of the St. Michaels board, and a public health service worker, told members that Indian Health Service (IHS) only pulls and fills teeth, but does not provide orthodonture services.

In addition, IHS does not cover the cost of eyeglasses, although many parents cannot afford them. Wheelchairs also are not covered by IHS. The school turns to charities to fill these gaps, but funds are limited.

After the visit to St. Michaels, Members returned to Window Rock for a lunch hosted by Peterson Zah, Chairman of the Navajo Nation; Roger Wilson, assistant to the Chairman, officiated. Presentations were made by the directors of various divisions with the tribal government.

Wilfred Yazzie, Executive Director of the Division of Social Welfare, raised ten issues of special concern:

1. Since the reservation has land in three states and three Federal regions, jurisdictional conflicts hinder the effectiveness of social service programs. He recommended streamlining the fiscal and program reporting requirements, and exploring the feasibility of direct funding.

2. Although since 1981 Navajo social services are provided through a contract with the Bureau of Indian Affairs (BIA), the threat of cuts remains constant.

3. Under the tribe's contract with the BIA, funds for family and community services, which pay for staff salaries, travel costs and other administrative support costs, are classified as "banded monies," meaning substantial constraints are placed on the funds. He recommended this system be reviewed.

4. There is a need to develop materials incorporating traditional values and practices to train those who write rules and regulations, so that these do not conflict with traditional practices of the Navajo people.

5. Audits by the Office of the Inspector General should not be used to simply reduce federal funding, but rather as tools to assist the Division to further develop comprehensive programs.

6. Arizona and New Mexico contract with the tribe for Title XX funds. Arizona has "Indian Set-Aside Funds." New Mexico does not. While funds from Arizona have remained steady, funds from New Mexico have been reduced. Funding from New Mexico is at its lowest ever. Direct funding of tribes would address this problem.

7. The Indian Child Welfare Act (ICWA) has been important in placing Navajo children in Indian homes. The tribe was denied funding this year. BIA should reevaluate the ICWA funding formula, and Congress should allocate sufficient funds to deal with child welfare problems.

8. The Division of Social Welfare inherited an automatic data processing system from the BIA which is too limited, and needs to be replaced by a more comprehensive management information system.

9. The Division operates three child care centers serving 350 children, less than one percent of all children between the ages of 0 to 4. There is a critical need for more child care slots.

10. The Division operates five group homes for adjudicated youth. Each home can accommodate up to six residents. Two years ago, 1,760 juveniles were arrested and the majority of them needed social work intervention. Current resources are inadequate to completely serve this population.

Anita LeValdo spoke on behalf of the Division of Health Improvement Services. She presented four issues of high priority to the tribe:

1. The tribe does not have a cohesive system of nutrition education and related out-patient nutrition care services. The tribe administers the WIC program and the Food Distribution Program. There are, however, no nutrition education services for people who are not enrolled in one of these programs.

2. Alcohol and drug abuse, and mental health problems remain very serious concerns. There is only one residential treatment facility for male youth ages 11 to 18, but it is underutilized due to funding constraints. The tribe provides drug counseling for students, but provides almost no mental health services for children. Ms. LeValdo recommended better coordination of services, replication of the drug abuse counseling program in other parts of the reservation, and training for mental health staff in dealing with children.

3. The Navajo suffer from inordinately high rates of communicable and chronic diseases. The tribe provides community health outreach and tuberculosis control, home health care, and primary health care, but available resources are insufficient to provide suitable preventive and therapeutic care. Continuing unmet needs include funding for prenatal care, for moving the Teen Clinic to a high school, and for a youth counselor.

4. There are roughly 18,000 elderly Navajos in need of services, but the Aging Services Department is able to serve only a relatively small number of them.

Dr. Franklin R. Freeland, Executive Director, Division of Navajo Child Development, followed. The tribe administers the Head Start program, and other early childhood education programs. One of the Division's objectives is to improve the quality of early childhood services to Head Start children.

There is, however, a lack of adequate facilities to operate center-based programs, thus preventing more children from participating. Fewer than one-third of the eligible children now participate, and more than 10% of all Head Start programs remain home-based.

Mary Helen Creamer, Executive Director of the Navajo Division of Education, described educational improvements on the reservation, while raising concerns about the overall picture. Navajo children score below the 30th percentile in reading at every grade level. Although models of successful programs exist, various educational funding has been frozen or cut for the past several years.

In addition, Ms. Creamer described concern for the future of the Navajo language and culture. While many children come to school speaking Navajo, they lose fluency over time, while never gaining competency in English. There is no effort to develop competency in Navajo. She recommended that incentives be given to public and BIA schools to encourage tribal language instruction.

The unemployment rate on the reservation is over 35%. Ms. Creamer believes that a contributing factor to the lack of economic development and, therefore, the high unemployment rate is the lack of a skilled workforce. She urged continued funding for vocational education programs.

In conclusion, Ms. Creamer suggested that schools and communities must address the problems of substance abuse among the young people. The death and injury rate for teenagers is seven times the national avarage. She told Members that their is a need for educational and counseling programs in the schools, for recreational alternatives stressing drug free environments, and for therapeutic services for young people already addicted to alcohol or drugs.

Leo Chischilly spoke on behalf of the Department of Housing, Division of Community Development. He described the need for additional housing on the reservation, as well as for repairs. In 1983, the BIA found that the Navajo needed over 9,000 new housing units, and that more than 11,000 houses were in need of repair. Records for 1984 indicate that 7,000 families were completely without housing. Only 550 houses were either built or renovated in 1984.

The final presenter was Marjorie Reyna, Excutive Director of the Division of Economic Development. Ms. Reyna was also a witness at the hearing held in Albuquerque, New Mexico, on January 10. Her testimony can be found in the summary of that hearing.

During the afternoon of January 8, the Committee visited Klagetoh, a small community 45 minutes from Window Rock. The Committee had been invited to visit Klagetoh by Save the Children, which has a field office on the reservation. Gloria Emerson, Director of the Navajo field officer, accompanied Members.

Save the Children funds a child care center for the Klagetoh community, and is developing a sewing group for women who have been alcohol abusers.

Committee members were met by members of the Klagetoh community, including Jack Binalli, the local Chapter President; Nancy Chee, the preschool teacher; Thelma Kee, the Community Health Representative; Sister Marie; and Marie Tsosie, among others. Dr. Annie Wauneka, Special Assistant to the Chairman of the Navajo Nation, was also there to greet Members. Dr. Wauneka is very concerned about young people on the reservation and visits schools regularly to talk about drug and alcohol abuse.

The Committee was then given a tour of the village, looking in particular at housing conditions. A condemned and closed BIA school now houses families that moved down from the hills. The Department of Housing and Urban Development (HUD) has built 20 new homes next to the school, but their is still a great need for decent housing.

The Committee visited three dwellings. The first was a two-room wooden shack with a leaking plastic ceiling. It had no running water or electricity. The rooms were heated with a small wood stove, which also served as the cook stove. Mrs. T., a widow, lives there with her 20 year-old son, who has dropped out of school. Mrs. T. is an alcoholic.

The second home had ten people living in 1½ rooms; two parents with eight children ages 1 through 20. Mrs. N. was born in Klagetoh and returned there with her family because they could not find work elsewhere. Her husband, a jeweler, is still unemployed. Mrs. N. was able to get a job as a cook in the Save the Children preschool. She and her husband own land in the mountains, but there is no jobs or housing there. She was denied HUD housing because her family needed a five bedroom house, and only three-bedroom houses were available.

Behind Mrs. N.'s there is a one-room hogan, home for eleven people. Some sleep in one of three double beds, the others sleep on the floor. Pauline, a single mother with five children who lives in the hogan with her mother and her sister's family, also was denied a HUD home. She has plans to study in Albuquerque, and will leave her children with her mother.

Members also had a chance to meet with some of the teenagers, including Shannon, the head of the youth group at Sister Marie's church. She is 16, and described life at Klagetoh as very boring for young people. On Monday nights, the youth group is able to show videos, but that is the extent of organized social activity.

HIGHLIGHTS OF SITE VISIT TO PAPAGO INDIAN RESERVATION, JANUARY 9, 1986

Committee members visited the Papago Indian Reservation on the afternoon of January 9, 1986. The reservation has a very large land base, and is located south of Phoenix and west of Tucson, Arizona.

The Papago Reservation is extremely rural and has the fourth largest population of all the reservations in the United States. There are roughly 15,000–18,000 people living on the land, half of whom are non-Indian.

There are seven schools on the reservations. Four are boarding schools run by the Bureau of Indian Affairs (BIA) for grades kindergarten through junior high. The other three are public schools. One serves grades K to 3, another grades 4 and 5. The third is the only high school on the reservation. The tribe also runs an early childhood education program.

In 1980, fewer than 50% of 5 to 19 year old tribal members attended school. Only 35% of all tribal members 25 and older had graduated from high school, and 25% had completed less than 5 years of school.

In 1979, the median income for males over 15 was $2,564, $2,528 for females. Nearly 60% of families lived below the poverty level.

In 1980, over 40% of the homes had no piped water, nearly 90% had no telephone. According to Ralph Antone, an expert on Papago history, 65% to 70% of the homes now have running water.

The Papago have a juvenile court system, and a Children's Code which was first written in 1978, and is now being revised. There is a juvenile detention facility, and children in the system are represented by advocates. According to Malcolm Escalante, the Juvenile Court Judge, virtually every case he sees can be related to alcohol abuse.

There is, however, no alcohol or drug treatment or rehabilitation program available for teenagers on the reservation.

In 1983, the tribe contracted with BIA to administer child welfare services. In prior years, many children were placed off the reservation in foster homes. It is hoped this administrative change will help provide more foster care on the reservation.

Neglect currently presents a greater problem than physical abuse on the reservation. In January, 1986, the first home for runaway youth was established. Since the tribe has experienced a relatively large number of suicides among young people in recent months, a task force has been created to study possible prevention methods.

Committee members met with students and faculty of the BIA boarding school in Santa Rosa, on the reservation. The school serves over 400 children from grades K through 9. Half of them board. The Papago language is not taught at the school. One day a year is devoted to "Indians."

Alberta Ray, the Student Council President, described student concerns. Although there is a fully equipped woodworking shop and art room, there is no shop or art teacher. There is only one science teacher who doubles as a coach and physical education teacher. A very popular school newspaper has been discontinued because the teacher was needed elsewhere, so "everything's just sitting there with cobwebs." Every year there are fewer and fewer school trips. The students would like more class trips, and more Indian food in the cafeteria. Alberta also said that parents should become more involved in the school.

Art Deal, a first grade teacher and faculty sponsor of the student council, told members that the achievement scores at the school are far below the state and national average. Very few of the students go on to college, and many drop out after 9th grade. However, virtually all of the students, when asked by the Members, said they would like to finish their education. Many would like to go on to college. There is only one counselor for the 400 students. There is no counselor in the dorms, and no drug or alcohol abuse prevention program.

Mr. Deal told Members that the school no longer has a Chapter I program, or the two teachers and aide who ran it, due to funding cuts. The school has lost all of its specialists because there is no job security in the nine-month contracts offered by the BIA. In addition, the textbooks are old and too few in number so students must share, or teachers must make copies.

From the boarding school, members drove to the Indian Health Service clinic also located in Santa Rosa. It is the only clinic in the northern part of the reservation. As many as 50 people visit the clinic each day. The clinic also has a mobile health unit which provides health care to the more remote parts of the region, and to non-ambulatory patients.

The clinic offers a number of more specialized services, including prenatal and well baby care, on a weekly basis. The tribe also uses space at this facility for a WIC clinic. Members were told that more than 50% of the pregnant women on the reservation do not seek prenatal care until the third trimester.

A dentist comes to the clinic twice a week, and provides services to the community and the boarding school children. Medical care is provided by two nurse practitioners. A doctor is on call and visits the clinic weekly.

Among the principal health problems seen at the clinic are diabetes and kidney failure. Thirty patients were on dialysis at the time of the Committee's visit. Kidney failure is caused, in part, by diabetes which is related to excess weight and alcohol consumption.

Ed Hanson, Director of Tribal Health Services, told members that 54% of the adult population has an alcohol problem, and that the tribal alcohol program is not adequately funded. In addition, there is no residential treatment program on the reservation for either adults or teenagers. Adults needing in-patient services are referred to programs off the reservation, but juvenile alcoholics receive no in-patient treatment.

The tribe provides counseling services and home visits, but Mr. Hanson said that the counselors are extremely overworked. There are only three counselors who work with young alcoholics ranging in age from 6 to 18.

Summary of Full Committee Hearing on "Native American Children, Youth, and Families in the Southwest" Albuquerque, New Mexico, January 10, 1986

The Committee's third hearing on Native American children and families was hosted by the All Indian Pueblo Council of New Mexico. It included issues relevant to the tribes of New Mexico and Southern Colorado.

Gilbert Pena, Chairman, All Indian Pueblo Council, welcomed Members, and began by voicing a theme heard throughout the hearings on Native Americans:

> The heart of the Indian community is the family; yet, there are increasing economic and social threats that could cause the disintegration of this family structure. . . . Given the poor economic bases that exist within most Indian communities, and given the severe reduction of Federal entitlement programs for Native Americans, the changes have caused hardships and devastating conflicts within Indian families.

Toni Martorelli, Director, New Mexico Governor's Office on Children and Youth, told the Committee that Native Americans comprise 9% of New Mexico's population, and 11% of the state's children. The majority of Native American families of New Mexico live in poverty. Of particular concern is inadequate funding for the Indian Child Welfare Act (ICWA), which has contributed to the tribes' difficulty in complying with the Act. "As a consequence, the state sometimes retains custody of Indian children improperly simply because the tribes do not have the resources to meet their obligations under the ICWA."

Despite the availability of services from state, federal, and tribal sources, Martorelli described severe gaps in services, particularly in the areas of mental health and child sexual abuse prevention and treatment. "The institutional arrangement for the identification of abused children, reporting requirements, investigation procedures and treatment is not available." She cited some additional barriers to the prosecution of perpetrators of child sexual abuse on reservations such as jurisdictional difficulties and Supreme Court decisions. "Sexual abuse of Indian children on the reservation is not a major crime under federal jurisdiction. If the perpetrator of the abuse is a non-Indian, the tribes are prohibited from acting in the matter. And where tribes can act, that is, against resident Indians, the scope of relief available to the tribes is limited by the Indian Civil Rights Act to a fine of $500 or 6 months in jail."

The Committee also heard from Danielle Monte and Toni Rael, two Southern Ute teenagers from Colorado who are members of Drug Busters, a youth organization initiated to prevent alcohol and drug abuse among young adults on the reservation.

Toni Rael, age 15, described the need for Drug Busters and some of the activities inspired by the group: "Since there isn't a place for the young people to hang out, most of them just roam the streets and usually get into some type of trouble. Just over the last couple of years, the Drug Busters have provided us with alternative activities to participate in and they also acquired a building that is being renovated presently, and will be used as a teen center. One of the highlights for me was the 2nd Annual Run Against Drugs. We ran 350 miles, relay style to Denver to show our concern about alcohol and drug use and to show other young people that there are better things to do than alcohol or drugs."

Drug Busters provides activities that were not available before, such as "chemical-free" dances, swimming, and movies. The teen center will provide educational as well as recreational activities.

Many of the participating youth have alcohol or drug abuse problems, or know someone who does. As Danielle Monte told the Committee: "The reason I joined the Drug Busters was because my grandfather was killed by a drunk driver. I know how it feels to be around drinking because the whole community has problems from it, for instance, trouble with the law, trouble in school, trouble with friends, and a lot of people hurt by alcohol and drugs."

Additional testimony was submitted by Chris A. Baker, Chairman Southern Ute Indian Tribal Council. He shared Toni and Danielle's concern about alcoholism in the Southern Ute community. While their community has made important strides in the area of prevention and early intervention, Indian Health Services has focused more on acute care of the alcoholic.

In addition to the annual "Run Against Drugs" described by Toni Rael, the Southern Utes also conduct an Employee Assistance Program. In this case, when an employee is identified as having an alcohol problem, they must select their own treatment and assume responsibility for their own rehabilitation, but with the support of the Tribal Council.

Other Native American communities have initiated efforts to combat drug and alcohol abuse. The Committee received written testimony from the Laguna Project Charlie (Chemical Abuse Resolution Lies in Education) Committee, describing a prevention model targeted to younger age groups. Project Charlie is a community-based substance abuse prevention program directed to students in grades K–6. The classroom curriculum addresses self-esteem, peer pressure, health relationships, decision-making skills, boredom and curiosity, and provides information to promote the social and emotional growth of children and to discourage chemical use.

Philip May, Associate Professor of Sociology University of New Mexico, brought to the Committee his research findings on Fetal Alcohol Syndrome (FAS), and suicide.

Dr. May was responsible for running the FAS Project of the Indian Health Service, which served the Native American population in New Mexico, southern Colorado, southern Utah, and northern Arizona. In addition to research efforts to determine the incidence and prevalence of FAS in this population, other objectives of the project were to train clinicians, outreach workers, and community groups to focus on recognition and prevention of fetal alcohol

syndrome, and to initiate a treatment plan for children with FAS. The project has recently been defunded.

FAS is believed to be the second most frequent birth defect in the U.S., and a leading cause of mental retardation. May's research found the incidence of FAS to be highly variable among southwestern Native Americans, ranging from 1.3 per 1,000 births for the Navajo to 10.3 for the Plains.

Additional supporting testimony submitted by May indicates that children with FAS are more likely to be in foster care, that a high percentage of the mothers are deceased, and that most mothers have extensive clinical records for alcohol-related accidents, trauma, and alcohol withdrawal.

In addition, social ostracism of alcohol mothers may also contribute to subsequent births of FAS children. "In many southwestern tribes, few women drink. Alcoholic women therefore are not tolerated and are frequently left out of regular social interaction. These women generally migrate to border towns where their only friends and associates are other alcoholics—a setting where there is little stigma attached to the production of multiple FAS children."

May also researched the extent of suicide among the Apache, Navajo and Pueblo Indians of New Mexico from 1957 through 1979. He found that suicide rates for the Apache and Pueblo groups have been rising since the mid-1960's, while Navajo rates have been rising since the early 1970's. The rates range from 1.7 to 4.9 times the national average. In offering an explanation for these high rates, May said, "Traditional and contemporary forms of social integration and acculturation provide possible explanations for the differential rates between groups and the increasing rate of suicides in all three groups."

Francisca Hernandez, Executive Director of the Albuquerque Area Indian Health Board, told the Committee, "Although alcoholism and other substance abuse is recognized as the number one health and social problem among Indian people, most of the effort to address the problem has gone to treatment of those who have become seriously ill."

Hernandez and Ona Lara Porter, Director of Planning and Community Development, Albuquerque Area Indian Health Board, described their primary prevention program as a "wellness model," which involves children, parents, families, schools, teachers, youth organizations, and tribal leadership in community planning for economic or social purposes. In addition to primary prevention, their model addresses early identification and intervention, as well as treatment. "Our model is an effort to redirect our present system of having economic power at the center of all of our activities to one where the wellness of people and the community is the center of the criteria by which all decisions are made."

Floyd Solomon, from Laguna Pueblo, is the parent of Travis (age 6) who has severe to profound hearing loss. Solomon described the barriers he faced in the evaluation, diagnosis and treatment of his son during the last 3½ years. Since Head Start and the Bureau of Indian Affairs school in which Travis had been enrolled were unable to effectively coordinate efforts to provide the required speech and language therapy, Solomon enrolled Travis in a private program, at his own expense and despite financial hardship.

> Although we have a signed I.E.P., my son is still not receiving therapy from the school. Last year, the school promised to contract services with the oral program where our son receives therapy. So far that hasn't happended. . . . As a parent of a handicapped child I've learned to function as a teacher, a therapist, a case manager and a legal advocate. I must provide transportation, diagnostic services and financial assistance. I need to be knowledgeable of the law and procedures for ensuring that my child's rights are upheld.

Solomon has recently become a parent trainer with a federally funded project, Education for Parents of Indian Children with Special Needs (EPICS), which provides education and training to other Native American families with disabled children.

The Select Committee also heard from the Honorable Stanley Paytiamo, Governor of the Acoma Pueblo. Paytiamo told the Committee that within his tribe, the per capita income is less than $3,000, and that the unemployment rate approaches 78%. Sixty-two percent of the population is under 26 years of age. Many community members supplement their incomes by farming or raising livestock. Poor economic conditions brought about by the decline of uranium mining have contributed to the strain.

Paytiamo emphasized that although families in his pueblo are facing many of the same problems faced by families across the country, their strength remains in traditional values and practices. Nevertheless, Paytiamo described the importance of economic development: "Our tradition alone, however, cannot relieve the economic strain that is felt by each of our families nor can it fully prepare our children for self-sufficiency in the outside world. The Pueblo of Acoma has aggressively approached the need for economic development over the past years and we will continue in this direction." They have been successful in reducing unemployment by 12% and increasing the tribe's resources by implementing such projects as taxation of companies operating on tribal land, and a multi-million dollar project to be located on the nearby Interstate. Paytiamo also recommended improved coordination between Indian Health Services and the Bureau of Indian Affairs.

Marjorie Reyna, Executive Director, Navajo Nation Division of Economic Development, placed in historical context many of the social ills currently confronting Native American families: "In essence, our generations of Navajos have turned into a dependent society which is economically weak and reliant upon federal government hand-outs that allow minimal family survival for a predominant number. These problems can largely be attributed to the underdeveloped economy of the Navajo Nation."

The Navajo have developed a long-term strategy to alleviate many of the social ills which result from economic underdevelopment. Several components of this strategy have already been implemented including renegotiation of mineral leases, imposition of tribal taxes, and the establishment of a permanent trust fund.

Reyna concluded: "It is imperative to recognize that the tremendous strides in developing and enhancing the Navajo economy, through planning and generating millions of dollars from Navajo

initiatives, is unrealistic compared to the billions of dollars needed to address the massive development needs of the reservation: housing, roads, public service needs, infrastructure needs, education, etc. Our goal for economic prosperity and plentiful jobs for our people can only be accomplished through federal recognition of our overall needs and continued support through financial commitments, rather than decreasing the federal programs that now provide some economic support."

The Ramah Navajo Community, a satellite community of the Navajo Nation which is physically separate from the Navajo reservation, was described by Bennie Cohoe, Executive Director of the Ramah Navajo School Board. In many respects, the Ramah community remains independent from the Navajo tribal government because of its physical isolation.

Ramah was the first Native American community to establish a local, community-controlled school, and the first to construct and contract for the operation of a community health clinic. A community-based group home for youth involves families and encourages family reintegration. Several other educational housing and social service programs administered by the tribal school board are also proving successful.

But as Cohoe told the Committee, "Lack of a true, viable economy is the most powerful cause of underdevelopment and family breakdown. . . . Despite millions of dollars in federal programs on Indian reservations, our unemployment rate has stayed pretty much the same: in the 60% to 70% range." Two-thirds of households receive some type of public assistance. Cohoe described alcohol abuse as "one of the most disastrous results of our economic underdevelopment."

In addition, he emphasized, "We seem to be getting serious infectious diseases and infant mortality under control. However, we are starting to see more and more health problems related to mental and family stress."

Cohoe stressed that bureaucratic red tape and dependency on the federal government were significant barriers to implementing a policy of self-determination, and he encouraged the use of local planning and control. Cohoe also provided the Committee with a series of recommendations to improve circumstances for Native American families, which emphasized reconciliation between conflicting requirements for Native American self-sufficiency, "the need for Indian communities to be free to direct and control their destinies; and the need for external resources and technical assistance essential for development in the modern world."

Melinda Bronson, Director of Tribal Social Services for the Ute Mountain Ute Tribe, described the scale of serious family dysfunction on this Colorado reservation. For example, of the 1,600 people who live on the reservation, 70 children are in foster care, 40 times the number of children in out-of-home care in a neighboring non-Native American community.

She attributed this high rate of placement to a very large number of parents who emerged from forced attendance at boarding schools without learning in a normal family environment the skills to parent their own children. While the immediate cause of child placement is often alcohol abuse on the part of the parents,

Bronson told the Committee, "the people of Towaoc (Colorado) understand today the same cycle of lack of education, unemployment, financial stress, hopelessness, depression, and alcohol abuse which relates to the extremely high rate of foster care on the reservation."

Bronson also told the Committee that it costs $24,000 per year per child for residential placement. "At that rate, a small program like ours could spend $480,000 per year or $2,400,000 over a period of five years to attempt to rehabilitate 20 kids in RCCF's (residential child care facilities) after foster care has failed." She concluded with a strong statement for prevention:

> The people of Towoac do not need any more feasibility studies. We do not need any more research projects. We cannot use any more needs assessments. We understand the problems facing children and their families at Ute Mountain. We also have very good ideas about those preventative projects which would impact these problems and interrupt the cycle of foster care. What we do need are the resources to fund and staff projects which will give mothers and fathers the tools to parent their own children.

Testimony submitted for the record by Judith Kitzes, Chief, Patient Care Programs Branch, Indian Health Area Office, Albuquerque, NM, described some of the major health problems affecting all Native American women and children in New Mexico.

Intentional and non-intentional injuries account for three-fourths of 11 deaths in Native American women ages 15–24. Motor vehicle deaths among Native American women ages 25–34 occur at a rate 8 times the national average.

Cirrhosis-related mortality rates, an indication of alcohol abuse, are 10 times the national average for Native American women ages 15–24, while identification and treatment programs for Native American women with alcohol problems are rare.

A high rate of cervical cancer indicates that few women receive preventive screening. In addition, diet, obesity, alcohol consumption and genetics may be contributing factors to diabetes-related deaths. Mortality rates of diabetes in women 45 years of age and over are 2 to 4 times the national average.

Kitzes described data on female reproductive health as "one of the greater success stories of Indian health programs." Maternal mortality, neonatal mortality, and low birthweight rates in the Native American population are at or below the rates for all races in the United States.

Kitzes also submitted research data on childhood injuries in a Native American community in Albuquerque. Injuries in this community are the leading cause of death and hospitalization, and are second only to respiratory complaints as the leading reason for outpatient visits. Prevalence of family stress, especially alcohol abuse, is much higher in this community than in other Native American communities, while the socioeconomic conditions are similar.

The injury rate among children requiring hospitalization who received services from the community's Indian Health Service is 3 times that of children served by the Albuquerque Indian Health Service. Additional findings revealed that intentional injuries have

increased at a more rapid rate than injuries in general during the past decade. The major causes of injury resulting in hospitalization are falls (24%), child abuse, assaults, and suicide attempts (22%), and motor vehicle accidents (21%), while motor vehicles remain the major cause of injury-related deaths among children.

Kitzes included recommendations for programs to prevent or ameliorate these high rates of injury. A few of these recommendations included school-based health and counseling programs for Native American youth, a home-visitor program to provide parental support in order to prevent child abuse, and health maintenance visits every two to three years for children.

Joyce DeVaney, Director of Adolescent Health, at the New Mexico Health and Environment Department, in a written statement to the Committee, reiterated the importance of injury prevention. In New Mexico, motor vehicle accidents account for 75% of all injury deaths among Native American teenagers.

In response to New Mexico's high injury rate for Native American adolescents, the New Mexico Health Services Division, Health and Environment Department, has received funds from the U.S. Department of Health and Human Services Division of Maternal and Child Health to initiate a Native American Adolescent Injury Prevention Project. In addition to improving the injury data base, culturally relevant prevention strategies for motor vehicle and other injuries will be developed and implemented by junior and senior high school students in the target schools for use with their peers. Prevention materials will be refined, and then replicated in other communities in the Southwest.

Supplementary information was also received from the Episcopal Diocese of the Rio Grande, Urban Indian Ministry, Socorro, NM, and the Taos Day School in Taos, NM.

HIGHLIGHTS OF SITE VISIT TO THE LAGUNA PUEBLO, JANUARY 10, 1986

On January 10, 1986, Members of the Select Committee visited the Acoma-Canoncito-Laguna (ACL) Teen Center on the Laguna Pueblo, 40 miles west of Albuquerque, New Mexico.

Laguna-Acoma High School is a public school for students in grades 7 through 12. Enrollment is 428 students; approximately 90% are Native American, and the remainder are Hispanic.

The ACL Teen Center is a school-based comprehensive service center located on the Laguna-Acoma Jr./Sr. High School campus. Comprehensive health care, including sports physicals and health education programs, mental health and counseling services, substance abuse counseling and prevention services, and academic and employment counseling are provided for teens living in the Acoma-Canoncito-Laguna area.

The Laguna-Acoma area is extremely depressed economically. In 1982, the closing of the local uranium mining industry exacerbated the poor economic situation and brought the unemployment rate to 80%.

Sally Davis, Instructor and Director, Community School Health, Department of Pediatrics, University of New Mexico, and Ken Hunt, Coordinator, School-based Adolescent Health Programs, ac-

companied Members on their tour of the Teen Center and provided additional background information.

The overall school drop-out rate for New Mexico is 8.1%, while the Native American rate is 13.8%.

In 1979, the ACL Indian Health Service reported a suicide rate of 35 per 100,000, the second highest suicide rate in the Albuquerque area. In 1980, the suicide rate for Laguna alone was 46 per 100,000, 3.6 times the national rate of 12.8 per 100,000. Victims were almost all male and most died from self-inflicted gunshot wounds.

The teenage fertility rate among Native Americans in New Mexico is twice as high as the non-Hispanic white population. In April, 1985, there were 14 female students at Laguna-Acoma High School had infant children. Four others were pregnant.

Davis and Hunt provided the Committee with additional written testimony covering the health status of Native American adolescents.

In New Mexico, the accident rate for Native Americans ages 15–24 is 285.3 compared to 111.2 for non-Hispanic whites and 105.7 for Hispanics. In addition, Native American males in New Mexico are at greater risk of a drowning accident than Native American females and non-Indians of either sex.

Davis and Hunt emphasized the relationship between alcohol and the high accident rate. "Alcohol use and abuse has been mentioned as a contributing factor related to accidents and suicide, the first and second leading causes of death in Indian adolescents in New Mexico. The fourth leading cause of death to Indians ages 15–24 is alcoholism, with a rate of 20.4. It is not among the top five causes for Hispanics and whites."

The idea for the Teen Center came out of the local Teen Pregnancy Task Force, now known as the ACL Teen Health Committee, which first met in 1982. By 1983, the project secured funding from the Indian Health Service of the U.S. Public Health Service, with additional support from the University of New Mexico School of Medicine. The staff draws on experts from the University, including a psychologist, nurse practitioner, alcohol counselor, and physician.

In addition to comprehensive health care, mental health care, and academic counseling, some of the activities promoted by the Center include Fun Runs and other exercise programs, and a chapter of Students Against Driving Drunk (SADD). As importantly, the Teen Center acts as a forum for the community to discuss youth issues, and gives teens a chance to become actively involved in these discussions. The Teen Center also employs and relies on an extensive community referral and resource network.

Ken Hunt, the program's health educator and coordinator, described why there is a need for a school-based program. In a rural isolated area, such as the Laguna and Acoma Pueblos, a significant barrier to teen utilization of services and recreational activities by teens is the severe shortage of transportation services, especially for students who live in outlying areas and rely exclusively on the school bus for transportation. By providing services where teens spend most of their time, in school, this barrier is eliminated.

In addition, before the Teen Center was established, there were no services targeted specifically to teens on the Pueblo. Because

teens were often reluctant to seek out mental health, counseling, and clinical services at local agencies that were meant for the general population, they remained unserved. In turn, the school, which had been underutilized by the community in the past, became a focal point for parent, teen and community activity.

Teens from the ACL Teen Center's SADD Chapter discussed their personal concerns about alcohol abuse with Committee members, and conducted improvisational theater—one of the techniques used in the peer education program. In a skit depicting a group of teens deciding whether to spend the evening drinking, SADD members were able to show the peer pressure to drink to students and the tragic consequences when they succumb.

Supplementary information submitted to the Committee by Davis and Hunt described the Alcohol and Substance Abuse Prevention Program of the University of New Mexico School of Medicine, a model school and community-based program for adolescents.

In this program, students from Laguna-Acoma visited the University of New Mexico Hospital Emergency Department, Critical Care Units and Trauma Centers, and witnessed first-hand some of the many medical, social and legal consequences of alcohol and substance abuse. Their experiences were video-recorded and the tapes used as discussion trigger films. The peer educators use the emotionally charged films to help fellow students explore the personal implications of alcohol abuse, the root causes of the problem, and possible actions for change. The students shared their self-made video trigger films with Committee members during their visit to the Teen Center.

Summary of Full Committee Hearing on "The Diversity and Strength of American Families" Washington, D.C., February 25, 1986

On February 25, 1986, the Select Committee on Children, Youth, and Families held a hearing entitled, "The Diversity and Strength of American Families." The hearing examined the history, current status and trends, and strengths of American families.

Ginger and Herb Davis of Silver Spring, MD, along with Ginger's children, Kate and John Richmond, began the hearing. Mrs. Davis, who is president of the Montgomery County, Maryland, chapter of the Stepfamily Association of America, described for the Committee the complex and intense daily life for members of a blended family. Vigilance, endurance and skills in "damage control" are needed to help everyone get along. New skills are also required to deal with the institutions that fail to recognize and address the new and different needs of blended family arrangements. Mrs. Davis further explained that social, financial, and other supports needed by stepfamilies are often not available.

Josephine Horn, Lynwood Early Horn and their daughter, Delphina Lynette Horn of Camp Springs, MD, described issues that have confronted their family, and their successes over the years in meeting their challenges. Mrs. Horn told the members of the Committee how she and her husband grew up in the poor, rural south where opportunities were very limited and moved to this area to "make their lives." She described the difficulties they had in securing adequate prenatal care before the birth of their daughter because of their poor financial circumstances, and in finding good child care after Delphina was born. When the Horns moved to Washington, they both had problems finding permanent employment with adequate pay, and lived with relatives until they were able to afford renting an apartment on their own. She credits friends, relatives, the schools, and their religious belief with helping the family achieve the success that it has.

Tamara Hareven, Ph.D., Professor of History, Clark University, Worcester, MA; and Center for Population Studies, Harvard University, led off the second panel by providing an historical perspective on American families. She noted that, while there have been dramatic changes in American families recently, the family has always undergone changes. American families today are not facing symptoms of breakdown, but rather the difficulties of adaptation to recent social changes. Dr. Hareven described how flexible and resilient American families have been historically, as well as how vulnerable they can be without adequate public supports to handle critical responsibilities.

Dr. Hareven highlighted several recent changes in family life, noting that American families have become more private, more re-

stricted to immediate family members, and family life has lost some of its earlier flexibility and functions.

In particular, middle-income married women and mothers have entered and stayed in the labor force, joining lower-income women who have been in the labor force since the beginning of industrialization in the 19th century. Also, although divorce is not a new phenomenon and most divorces are followed by remarriage, the rate of divorce has increased, followed by a rise in the proportion of female-headed households. Decreasing mortality resulting in significantly more older family members, combined with other societal pressures has caused increasing separation between the generations and isolation of older people.

Andrew Cherlin, Ph.D. Associate Professor of Sociology, Johns Hopkins University, Baltimore, MD, described three major forms of families with children, each with its own set of strengths and vulnerabilities.

The mose common form, with 61% of all children in the U.S. in 1980, is the family of first marriage, in which there are two, once-married parents. Within this group, Dr. Cherlin distinguished between families in which both parents work and those in which mothers stay at home. He noted the valuable services provided by mothers who are not employed outside the home and who devote their efforts to child rearing. He described how working parents also spend a great deal of time and effort caring for their children and trying hard to be good employees at the same time. In fact, many couples have rearranged their work lives by working different shifts in order to provide care for their children.

The single-parent family, usually consisting of a mother and her children, is the second family form. One out of five children lives in a single-mother family. Single-parent families develop strong networks of family members and friends to call upon for assistance.

The third family form is the family of remarriage, where about 9% of all children live with a mother and stepfather and another 11% live with two natural parents, at least one of whom has been married before. Research on remarried families documents how hard these families work at becoming a family unit.

Nick Stinnett, Ph.D., Dean, Graduate School of Education and Psychology, Pepperdine University, Los Angeles, CA, next described his research on the elements of strong families. Based on interviews with families, Stinnett and his colleagues identified six qualities of strong families: (1) commitment; (2) appreciation; (3) good communication; (4) spending time together; (5) spiritual wellness; and (6) coping effectively with crises. Stinnett suggested attention to several areas of policy to promote strong families. These include: family-oriented personnel policies such as flextime, shared and parttime jobs with benefits, and transfer and leave policies that take family welfare into consideration; elimination of the marriage tax penalty, revision of inheritance taxes and recognition of homemakers; reform of social security to eliminate biases against families, marriage, and homemakers. Stinnett also said that increased efforts are needed to prevent family dissolution, and that the promotion of family self-sufficiency and independence is important in the building of family strengths.

Lula Beatty, Project Director, Institute for Urban Affairs and Research, Howard University, Washington, DC, described a study of "stable Black Families," examining the factors and conditions that contribute to strong black life in the variety of family arrangements—two-parent, single-mother and single-father families. Among the characteristics that the research identified are: strong kinship bonds, high achievement orientation, good parenting skills, religious/philosophical orientation, the ability to deal with crises, genuine caring for each other, sharing responsibilities, and pride in their own accomplishments and those of black people in general. Among the families studied there were problems in the areas of finances, marriage and children. Single mothers generally reported more problems, and a greater use of coping strategies. All families studied were found to be resourceful, reporting a high number of talents and skills among members of the household. Researchers concluded that several issues—including economic stability, child care and other child development issues, housing and employment—must be addressed for more black families to achieve and sustain family strength.

George A. Rekers, Ph.D., Professor of Neuropsychiatric and Behavioral Science, University of South Carolina Medical School, Columbia, SC, presented testimony on the characteristics of the father's role in families. He testified that father absence or failures in fathering is associated with major child adjustment problems and that strong families require the elements of fathering by fathers themselves or others (such as an uncle, grandfather or older brother).

The third panel focused on programs and policies to assist families. Heather B. Weiss, Ed.D., Director, Harvard Family Research Project, Harvard Graduate School of Education, Cambridge, MA, provided testimony on the nature and effectiveness of family support and education programs, which have increased dramatically in the last few years. She said that family support and education programs can effectively promote healthy child and family development by helping parents to provide the best possible environment for their children. Dr. Weiss described the key role played by informal support systems outside the nuclear family in sustaining family life citing evidence on how family members, friends, coworkers, neighbors, and acquaintances help one another in both everyday family functioning and in coping with crisis. She pointed out that family support and education programs focus more on the family rather than individual intervention, and emphasize prevention and enhancement rather than remediation.

Salvador Minuchin, M.D., a child psychiatrist and family therapist based in New York, NY, described his experience in the areas of families and medicine, families with different structural arrangements, and family violence. He has documented how a family-oriented medical care program can promote recovery in a cost-effective manner. A program for cancer patients at New York University which requires every patient to have a "care partner"—recognizing that illness is a family affair—has proven to be one-third less expensive than traditional care arrangements which do not formally include family members or others. In discussing his work with different types of families over the years, Dr. Minuchin called

for greater recognition and acceptance of the abilities of various types of families to support and nurture. Dr. Minuchin also called for reshaping and improving intervention systems in order to serve families and their children more effectively.

David H. Olson, Ph.D., Professor of Family Social Science, University of Minnesota, St. Paul, MN, defined strong families and described the diversity of family structure and patterns represented by strong families. He described a survey of 1,000 intact families designed to identify the salient characteristics of strong families. Eight family strengths were identified, similar to those identified by other researchers in the field. To promote strong families, Dr. Olson recommended the following: (1) research to discover how family strengths can be applied to other families; (2) development and support of programs that will enhance couple and family strengths; (3) greater assistance to couples to help them in getting their relationship off to a good start before marriage; and (4) yearly checkups on marital and family relationships and specific prevention programs for couples and families.

Allan C. Carlson, Ph.D., Executive Vice President, The Rockford Institute, Rockford, IL, discussed some of the policy implications of research on family strengths. He said that federal policies should not penalize marriage and child-bearing in wedlock, nor reward illegitimacy, desertion or divorce, and that the federal government must not interfere with the free exercise of the social function of religion. He suggested tax reforms, welfare reform and the encouragement of education with a religious context.

Summary of Full Committee Hearing "Work in America: Implications for Families" Washington, D.C., April 17, 1986

The Select Committee on Children, Youth, and Families held a hearing to explore the value of work, and how changes in the economy and the composition of the workforce have affected families.

Janet L. Norwood, Ph.D., Commissioner of Labor Statistics, U.S. Department of Labor, began the hearing. She told the Committee that manufacturing employment has declined significantly since 1979, and that 9 out of 10 jobs created in the coming decade will be in the service sector. The composition of the workforce is also changing rapidly. Some 70% of the labor force is now made up of persons who live in married couple families. Women now contribute 28% of annual family income, and 2 out of every 3 employed mothers of preschoolers work fulltime.

According to Norwood, "the data show quite clearly that women are in the labor force to stay; that as we move forward into the 1990's, they will be a larger proportion of the work force than they were before."

She also pointed out that unemployment, to a certain extent, runs in families. The unemployment rate for persons with unemployed spouses is more than three times the rate for persons with employed spouses.

The Bureau of Labor Statistics projects that the labor force as a whole will grow more slowly over the next decade, that nearly three-quarters of the 1995 labor force will be in the prime working ages (25 to 54 years), and the gap between male and female work-life expectancy will continue to narrow.

Julie A. Matthaei, Ph.D., Chair of the Department of Economics at Wellesley College, Wellesley, MA, began the second panel with an historical look at U.S. economy and how changes in the economy have affected family life.

History, according to Dr. Matthaei, divides into three periods. The "family" economy, during which family and economic life were merged, typified life in the colonial period. Separate sexual spheres developed in the 19th century, as commodity production left the household. The egalitarian family, in which spouses have similar work and family responsibilities, and in which there is growing concern for the rights and well-being of children, emerged in the 20th century.

Dr. Matthaei believes, however, that the economy is still largely structured to complement the "separate spheres" marriage, which makes the egalitarian model more difficult to achieve. In order to facilitate the development of more egalitarian marriages, she suggests that antidiscrimination and affirmative action legislation is needed, as well as upgrading female-dominated jobs. Other suggestions include: shorter work weeks, flexible work hours, accessible and affordable child care, and paid parental leaves. To solve the

problem of high poverty rates among female-headed households, alimony and child support awards and enforcement must be strengthened, AFDC benefits should be increased to the povery level, and the penalty on AFDC for supplementary work reduced.

Lawrence M. Mead, Ph.D., Associate Professor of Politics, New York University, focused on the very poor, or the "underclass." He believes that low levels of work effort among the welfare poor are "a major cause of poverty, and an embarrassment for social policy."

Conventional political explanations of nonwork, according to Dr. Mead, are unpersuasive. Conservative critics claim that welfare deters recipients from working, and should be abandoned or sharply limited. Liberals claim that stronger work incentives can overcome nonwork, and also that there is too little employment, day care and training available to permit the dependent to work. According to Dr. Mead, research has shown that benefit levels and welfare incentives affect work effort little either way, and that opportunities to work are widely available.

Dr. Mead believes that the welfare poor do not work because of the "permissive character of government policy." Although the poor want to work, welfare and other social programs seldom expect recipients to work. He concludes that, "Government must require as well as help them to work if it wants greater effort from them."

Francine D. Blau, Ph.D., Professor of Economics and Labor and Industrial Relations, University of Illinois, Urbana-Champaign, discussed the economic contribution of women to family well-being, gender differences in labor market positions and earnings, and the implications of these findings for policy.

According to Dr. Blau, wives are demonstrating a strong and growing attachment to the labor force, and this attachment has become critical to family economic well-being. In 1984, the median income of married couples in which the wife worked was 47% higher than in married couples in which the wife did not work. However, families maintained by women have considerably lower median income and a higher incidence of poverty.

Dr. Blau stated that although there has been some improvement since 1972, men and women still tend to be employed in different occupations. Women are more heavily concentrated in administrative support (including clerical) and service occupations, and men in executive, administrative, and managerial positions, as well as skilled blue collar occupations.

Despite the trend toward a narrowing of sex differentials in earnings, there continues to be a significant gap in earnings between men and women. Dr. Blau believes that as much as half of the earnings gap can be explained through women's lower education and work experience. Labor market discrimination is also a contributing factor.

Women also tend to receive lower benefits because their wages tend to be lower, they are more likely to work parttime, and they tend to work in smaller establishments and in the service sector. Dr. Blau suggested a range of policies which would raise women's earnings thereby increasing their contribution to family income, and assisting families in meshing work and family responsibilities.

These include continued enforcement of antidiscrimination laws, and the provision of adequate and affordable child care, flextime, and parental leave.

Phillip J. Bowman, Ph.D., Assistant Professor of Psychology, University of Illinois, Urbana-Champaign; and Visiting Scholar, Institute for Social Research, University of Michigan, based his testimony on his studies of black Americans and the relationship between rapid displacement of unskilled industrial jobs, growing role strains within black families, and related psychological consequences.

Reindustrialization is displacing black workers, especially males, from mostly unskilled blue collar jobs. Although blacks make up a small percentage of the population, they constitute about 20% of the unemployed, and roughly 40% of discouraged workers. Lack of employment causes provider role strain which has a ripple effect within the family and carries clear psychological risks for black men, women, and children.

As Dr. Bowman said, "black males maintain strong values for the provider role which may exacerbate adverse psychological effects. Moreover, there is evidence that psychological distress is only partially offset by coping resources and is exacerbated if provider role problems are blamed on deficiencies in one's character, or produce a general helplessness."

Dr. Bowman believes that responsive public policy should include shortrun preventive intervention programs to promote effective individual and family functioning as well as long run policies that address the increasing risk of black males for rapid displacement.

Kevin R. Hopkins, Senior Research Fellow, Hudson Institute, Alexandria, VA, discussed the causes of poverty for single mothers, and the effect of welfare on work dependency. Neither the Great Society programs, nor the more "conservative" approaches of work incentives incorporated into AFDC, he believes, have ended poverty or encouraged welfare recipients to work. Seventy-five percent of the unmarried women with children who enter AFDC do so through changes in family composition, either due to an unmarried woman having her first child, or the departure of the husband or lover.

According to Mr. Hopkins, economic and psychological factors lead women to choose single parenthood. He states that "nonmarriage as an economic decision depends heavily on the earnings capacity of potential husbands." Women can earn more on welfare than they can from poor men, and it is a more reliable source of income. Why, Mr. Hopkins asks, are young men unwilling to take advantage of opportunities when they exist? "To the extent these young men can rely for support on the AFDC payments that women receive, as some apparently do, then nonwork may be more economically attractive to them than any job or training opportunities.

The availability of welfare may psychologicaliy discourage marriage in two respects: it provides independence for women, and it makes men feel unnecessary to their future or existing family.

The final witness on the panel was Paula Rayman, Ph.D., a Fellow of the Bunting Institute, Radcliffe College, Cambridge, MA, who testified about her research on the effect of economic dislocation on children's lives. In order to understand the impact of job

loss on children, one must first be aware of the great importance of work in our culture.

Studies conducted during the Depression established a "chain-reaction" analysis: an unemployment event leads to parental stress, which leads to family disruption and finally child stress. In the last five years, unemployment rates reached levels not experienced since the Depression. For those who became unemployed in the last decade, only 47% received unemployment compensation, and only 5% received welfare/AFDC benefits.

Dr. Rayman spent two years working in the Family Development Unit of Children's Hospital in Boston researching the relation of job loss to family stress and child health. She divided the families demonstrating severe economic hardship into three categories: the unemployed male families; the feminization of poverty families; and the couples-in-struggle families. She found that unemployment was often the precipitating factor in alcoholism, which had severe rippling negative effects on the entire family structure, resulting in depression for the spouse, fear, guilt and abuse for the child.

Emergency room staff noted an increase in accident rates and reports of physical and sexual abuse in the two years following the rise of unemployment in the metropolitian area. There was also an increase in reports of stress-related illness, such as asthma, among young children.

Dr. Rayman suggested three areas of policy consideration. First, tighter budgets have made it difficult to provide adequate services and follow-up for families and children. Second, a primary prevention program would necessarily be based on a call for full employment and a national health care system. Finally, there is a need for good job training and retraining programs to help parents regain lost self-esteem and economic security for their families.

The third panel was made up of individuals actively involved in education and training programs for their families.

June Wallace, teacher, Creative Child Care, Salisbury, MD, is the mother of three. She had been on welfare for a number of years, until she decided to participate in the Basic Employment and Training (BET) program, a WIN demonstration program run by the State of Maryland. She described how, through her voluntary participation, this state program assisted her in moving off AFDC and into steady and rewarding employment.

In January 1983, after an unsuccessful three-week job search, BET helped Ms. Wallace enroll in a local Adult Learning Center, which led to the completion of her General Equivalency Diploma (GED) and her certification as a day care aide through the local community college. Throughout this period, BET paid for Ms. Wallace's transportation to and from school and assisted her in finding reliable child care for her four-year old daughter.

For the next six months she worked as an unpaid day care aide in a Head Start center in order to acquire work experience. She was then placed in a private child care center for on-the-job experience, and was finally hired as a teacher by the center. As of February 1985, Ms. Wallace supports her family on her earnings and no longer receives AFDC.

George Waters, M.S.W., Co-director of the Education, Training, and Enterprise Center (EDTEC), Camden, NJ, stressed the impor-

tant challenge facing policymakers: that of providing more work opportunities and jobs for young people. According to Mr. Waters, the most consistent barrier to progress for disadvantaged youth is the inability to involve them economically in the mainstream of our society. "We suggest as policymakers that you look to encourage more opportunities to create jobs, youth enterprises and work experiences at the local level by utilizing non-profit youth agencies, churches, civic associations and schools as economic developers."

EDTEC assists youth in developing their own non-profit, community-based businesses. The two directors recently completed a curriculum for youth entitled New Entrepreneurs, which teaches young people the ins and outs of starting a non-profit business with little or no resources.

Michael P. Hickey, Director, and Beverly C. Thomas, Coordinator of Counseling and Training, for the GE Re-employment Center, Columbia, MD, described how General Electric's professional and experienced staff provide comprehensive employment and training-related services to help displaced GE employees both before and immediately after job loss. In conjunction with the Maryland Department of Employment and Training, and the Howard County Department of Citizen Services, GE established a retraining center where displaced employees can train for occupations in which growth is anticipated.

Employment services are combined with financial, psychological and family counseling, as well as relocation assistance. As the coordinator of counseling and training, Ms. Thomas' goal is to instill in these workers a continued sense of confidence while they enhance their marketability. In her opinion, "without the support services of the Re-employment Center, many displaced workers now gainfully employed would probably still be unemployed or underemployed.

Virginia Deal, parent and employee of Tom Thumb Glove Co., Wilkesboro, NC, explained how her home-based employment as a glove stitcher is of vital importance to the well-being of her family. For Ms. Deal, the most important element of her homework was that it allowed her to accomodate both family and work responsibilities. She was able to select her own work schedule while maintaining the level of wages she earned as a factory employee.

However, as Michael Avakian, Senior Staff Attorney, Center on National Labor Policy, North Springfield, VA, reiterated, Ms. Deal was forced to return to parttime factory work last month when the Department of Labor enforced a regulation prohibiting all homework involving glove-making, as well as women's apparel, buttons and buckles, jewelry, handkerchiefs, and embroidery.

WORK IN AMERICA: IMPLICATIONS FOR FAMILIES

Fact Sheet

A strong commitment to work in America

More people are employed in the U.S. than ever before. In 1985, there were over 115.5 million people in the civilian labor force. That number is expected to increase to over 129 million by 1995. Nearly two-thirds of the growth will be among women; nearly 20%

will be among blacks. (Bureau of Labor Statistics, U.S. Department of Labor, [BLS], Hayghe, 4/86)

In 1985, the labor force participation rates for white, black, and Hispanic adults over the age of 16 were 65.0%, 62.9%, and 64.6% respectively. (BLS, Hayghe, 4/86)

In 1984, 62.9% of families living below the poverty line had at least some members who worked every week of the year. One-quarter of those families had at least one member who worked fulltime, year round. (Report of the Committee on Government Operations, U.S. House of Representatives, 12/85)

In 1985, 8.3 million adults over age 16 (7.2%) were unemployed. 6.2% of white adults, 10.5% of Hispanic adults, and 15.1% of black adults were unemployed. (BLS, Hayghe, 4/86)

Labor market shifting

In 1900, 38.1% of the labor force worked in agriculture, 24.1% in services producing industries, and 37.8% in goods producing industries. By 1970, those figures were 3.8%, 56.4%, and 39.8%, respectively. By 1978, only 3% of the labor force were farmers. (Galenson and Smith, 1978)

Between 1979–1984, more than 11 million workers lost employment due to plant closings or relocations, production shifts or elimination of a position. The manufacturing sector alone lost about 1.8 million employees since its 1979 high, and has shown no growth over the past year. (Bluestone, 6/85; Norwood, 1986)

Employment in services-producing industries has grown dramatically—from 31% of the work force in 1900 to 69% of the work force in 1984. (Rumberger and Levin, 7/85)

Nearly 7 out of every 10 jobs created since November 1982 were in the service-producing sector. In the next decade, 9 out of 10 jobs created are projected to be in this sector. (Congressional Research Service, 7/85; BLS, 1986)

More parents in labor force/more two-earner families

In 57% of all families with children under the age of 18, either the only parent present, or both parents, are employed. (BLS, 2/10/86)

Nearly 34 million children, 50% of whom live in two-parent families, have working mothers. (BLS, 9/85)

By 1990, a majority (55%) of married mothers of children under age 6 will be in the labor force, an 80% increase since 1970. (Select Committee on Children, Youth and Families, 1984)

80% of working women will bear at least one child while employed. (Catalyst, 1986)

More mothers working full time

Of all mothers who worked in 1985, approximately 70% worked full time. In 1985, 84% of black working mothers, 69% of white working mothers, and 79% of Hispanic working mothers worked full time. (BLS, 9/85; Hayghe, 4/86)

In 1985, among employed mothers with children under age 3, 65% of all mothers in that category, 81% of black mothers, and 76.3% of Hispanic mothers worked full time. (Hayghe, 2/86)

Median family income declining, while cost of raising children significant

Between 1947–1973, the real income of median income families increased nearly 4% above inflation annually. Between 1974–1984, a similar family experienced an actual decline in their real income. In 1984, median family income (in 1984 dollars) was $26,433, below its 1973 high point ($28,167). (Joint Economic Committee, U.S. Congress [JEC]; The Urban Institute, 12/85)

Between 1967 and 1984, the earnings of all female heads of households increased, but their family incomes declined. In each case, the increased earnings were more than offset by declines in cash transfers and in earning of other household members. (Danziger and Gottschalk, JEC, 11/85)

If the personal exemption, the primary means through which the tax code adjusts for family size, had been indexed for inflation it would be worth over $2,600. It is currently $1,040. (Select Committee On Children, Youth and Families, 1985)

The typical American family with two children, medium socioeconomic status, in which the wife works parttime, is likely to spend $82,400 to rear one child from birth to age 18. (Espenshade, The Urban Institute, 1984)

Comprehensive budgets for fulltime undergraduate students enrolled for the 1985–86 academic year are estimated to be $5,294 at public institutions and $10,476 at independent institutions. (The American Council on Education, 1/86)

Income declines particularly severe for families with children

Between 1979 and 1984, average family income for the poorest fifth of all families with children plunged 23.8%, adjusting for inflation. In addition, the average income of the next-to-poorest fifth of families with children dropped 14%, while the average income of the middle fifth of these families fell 10.5%. Only one group of families with children came out ahead—those in the wealthiest fifth. (JEC; Center on Budget and Policy Priorities, 11/85)

The gap between upper and lower income families with children is now wider than at any time since 1947. (Danziger and Gottschalk, JEC, 11/85)

Wives' contribution to family income increases, helps keep families out of poverty

Between 1967 and 1984, wives' contribution to family income increased from 10.6% to 18.0% for white families with children, from 19.4% to 31.1% for black families with children and from 14.4% to 19.4% for Hispanic families with children. On the average, in 1984, the earnings of two-parent families were 23.4% higher than they would have been had wives not worked and had all other income sources remained at their 1984 levels. (Danziger and Gottschalk, JEC, 11/85)

In 1984, poverty was 35% lower than it would have been had wives not worked. For black two-parent families, in particular, a major portion of the decline in poverty—from 31.3% in 1967 to 19.3% in 1984—is associated with increased earnings of wives. (Danziger and Gottschalk, JEC, 11/85)

Parents concerned about work and family policies

Forty-six percent of women with children under age 2 who were surveyed, and 23% of the male counterparts, said child care concerns would influence the decision on whether to accept a promotion. (Bureau of National Affairs, [BNA], 1/86)

26% of all mothers and 45% of single mothers with children under 5, and 36% of mothers in families with incomes less than $15,000, who were not working, said they would work if affordable child care were available. (Census Bureau, 1982)

In a study by Boston University reported in late 1985, the stress of balancing work and family responsibilities was found to be the most significant factor contribution to depression among employees. More than one-third of all employees in the study reported significant difficulties with managing family responsibilities. (Work and Family: A Changing Dynamic, BNA, 1986)

Summary of Full Committee Hearing "Children and Families in the South: Trends in Health Care, Family Services and the Rural Economy" April 21, 1986, Macon, Georgia

The Select Committee on Children and Youth, and Families held a field hearing in Macon, Georgia, April 21, 1986, entitled "Children and Families in the South: Trends in Health Care, Family Services and the Rural Economy."

Dale W. Lick, Ph.D., President, Georgia Southern College, Statesboro, GA, began the first panel with an overview of issues affecting children and families in the southern and rural areas.

Citing increases in poverty and the declining agricultural economy, poorer health status in nearly every major disease category, and shortages of nearly every type of health care professional, he concluded that the quality of life for many rural Americans is substantially lower than that of their urban counterparts. He noted that those in southern rural areas have lower test scores, higher drop-out rates, and greater adult illiteracy than elsewhere, which affect the early development of children, and constitute barriers to successful later development. Dr. Lick presented a series of policy recommendations, and called for greater attention to the issues of rural America.

Donald Anderson, Executive Director, National Association for the Southern Poor, Washington, DC appeared next. The Association, with projects primarily in Virginia and North Carolina, assists poor, black communities in the rural South to organize "assemblies" for the purpose of drawing on additional public and private resources. Mr. Anderson described the success of the Assembly of Survey, Virginia, where new housing has been constructed, a new school built, test scores have risen and school drop-out rates have declined.

J. Ted Holloway, M.D., District Health Director, Southeast Health Unit, Waycross, GA, described a 16-county health district area which he oversees in rural, southern Georgia, in which: 45% of the white population and 78% of the black population live below 200% of the poverty level; WIC currently serves 11,000 women, infants and children per month; and 40% of white births and 80% of black births occur to women who receive WIC services.

Changes in health care financing, in increased specialization, in increased use of for-profit hospitals while other facilities are declining in number; and in the growing medical liability insurance crisis, have limited options for care of the poor. Fewer hospitals currently serve indigent patients, and many obstetrician/gynecologists and family physicians are considering stopping practice.

Dr. Holloway underscored the health care crisis for low-income pregnant women, pointing to preliminary 1985 data indicating that the Georgia infant mortality rate will jump to 16.1 overall, with the black infant mortality rate at 25.2—the highest since 1978. Dr.

Holloway said that the rural economic picture will make it difficult to maintain current services, and nearly impossible to provide new funds for needed indigent care.

Schley Gatewood, Jr., M.D., a practicing obstetrician/gynecologist in Americus, GA, described a growing crisis in health care which has emerged in the last year, related in part to large increases (up to 1000% over 10 years) in the cost of malpractice insurance for physicians delivering more than 30 babies annually. In his rural eight county area, many providers have considered discontinuing their practice. Rural areas also have lower collection rates (50–60% of charges) for obstetrical services, and difficulties in the Medicaid reimbursement system aggravate the problems for physicians who do provide care to the poor.

Julia Moseley, R.N., M.S.F., N.P., Executive Director, Wilson Clinic, Cumming, GA, described the women seen at their community health clinic. They are predominantly uninsured, young, married women having their first child, who cannot afford the $3,200 to $5,000 cost of delivery. For those patients who can afford care, care which is 20–30 miles away is of little use to them. She added that poor, Medicaid-eligible women fare badly too, because the private obstetrical community in the area generally does not accept Medicaid. For one recent 16-month period there was no prenatal care in a community of 30,000, because there was no available backup physician to provide services.

The second panel focused primarily on the rural economy. Mark Akers, Director of Industrial Development in the State of Indiana, began the panel be describing a five-year-old community development program in Indiana. Akers reported that approximately 300 communities, through intensive public relations, have created 58,374 new jobs. Increased funding from the Department of Commerce helped them respond to the new business needs. Akers added that jobs are "a major positive force in holding families together, or making a success of single-parent families."

Polly Porter and her seven-year-old son, Howard, of Metter, GA, testified next. Mrs. Porter described the effects the farm crisis has had on her family. Their economic circumstances were devastating, but it was the emotional trauma that was hardest for her family. The Porters lost their farm and had to move into town. Mr. Porter developed a deteriorating drinking problem and became increasingly withdrawn. Mrs. Porter and her two young children has to deal both with losing the farm and adjusting to a husband and father living in depression. Howard was noticeably affected by the situation. He became more aggressive toward his peers, and in a school essay he wrote, "if I had $1,000,000 . . . I would buy the farm from the FHA." Mr. Porter has made progress in addressing his drinking problem, and the family is coping with their new circumstances as best as they can, despite a large outstanding farm debt.

Dr. John Ikerd, Department Head and Professor of the Agricultural Economics Department, Cooperative Extension Service, University of Georgia, presented an economic overview of agriculture in Georgia. He explained that farmers borrowed heavily in the 1970's when exports were increasing, and crop prices were high. Total farm debt tripled between 1970 and 1980. These favorable economic conditions transformed into a farm financial crisis in the

1980's: the high dollar hurt exports; interest rates rose sharply; and land prices dropped. Family sized farms, with sales between $50,000 and $500,000, currently owe about one-half the farm debt. South Georgia faces greater problems due to its dependence on row-crop farming—the type of farming that has been hurt most by falling exports. Dr. Ikerd concluded that, although conditions are improving, the farm crisis is far from over. Roughly one-third of the fulltime family farms (5,000–10,000) in Georgia, have little chance of surviving.

Dr. Crystal Barranti, an Extension Home Economist, Human Development Specialist, Cooperative Extension Service, University of Georgia, followed with an overview of the impact the farm crisis is having on farm families. She explained that farm families are especially independent, proud, and self-reliant and, therefore, are not accustomed to reaching out for help in financial or personal crisis. Farm families experience the loss of a farm in a way similar to that of a death in the family, experiencing a cycle of grief including denial, intense emotion, depression and withdrawal as they try to adjust to the loss of a way of life. Children and youth are not immune from the negative effects of family farm loss. The loss of a farm can mean, for many children, the loss of a future. Along with guilt and depression, children often develop behavioral problems at school.

Dr. Dennis Orthner, Director, Center for Work and Family Issues, and Professor of Family Development, University of Georgia, continued with a summary of "genuine dilemmas that rural families and rural communities face." Rural communities, as a result of falling land prices, and declining income, have a diminishing tax base needed to support programs. In addition to weak economic conditions, rural communities suffer from racial tensions, comparatively poor educational systems, and very limited basic services. They are undergoing a reported increase in family violence, due to the more difficult economic environment. Dr. Orthner noted that state, university, and organizational support is needed to meet all of these rural community needs.

Louise Hill, Women's Coordinator for the Goergia Farm Bureau, the final witness on the second panel, explained that the farm crisis, which is the result of external forces, has placed "the farm family unit . . . under tremendous pressures." She added that "the current farm agricultural situation is challenging the strength of the farm family more than it ever has before. External forces are pulling apart the internal bonds of the family." Many farm wives have had to get off-farm jobs. This further hurts the farm, because of the loss of the wife's labor. She described the Georgia Farm Bureau's efforts to provide answers and alternatives to farm families in despair, as well as "positive steps" to help ease the situation. For example, the Farm Bureau urged banking regulators to implement policy changes "to allow forbearance and the restructuring of loans."

The third panel began with discussion of family violence, and programs to address this growing problem.

Margo Smith, Coordinator, Georgia Network Against Domestic Violence based in Atlanta, estimated that 100,000–200,000 Georgia women would be victims of abuse this year. Smith described shel-

ters as a lifeline for families in crisis, but said that only 18 of Georgia's 159 counties have services for battered women. Most of the services are located in cities, leaving large rural areas across the State unserved.

Gus B. Kaufman, Jr., Ph.D., a founder of Men Stopping Violence, Inc. (MSV), Atlanta, GA, described the efforts of this non-profit organization, begun in 1982, to stop male violence towards women. The group currently provides counseling for 85–90 men per month, in six batterers' groups and in individual counseling. MSV also works with courts, police and legislators to develop appropriate policies and procedures. MSV, one of only two such programs in Georgia, and a handful in the South, arose from and is part of the battered women's movement.

Bonnie Engle, Executive Director, Georgia Council on Child Abuse, Atlanta, GA, testified that reported cases of child abuse have doubled in the last four years, with 26,511 new cases registered last year. Officials attribute the increase to family stress, resulting in more abuse, and to greater public awareness concerning the unacceptability of abuse. She noted that rural communities are faced with special challenges because of limited services, inadequate transportation, and the lack of anonymity in small communities. The Georgia Council advocates education for prevention of abuse as part of the long-term solution. Engle described the "First Steps" early intervention for prevention program, which provides parenting information and support to new parents, beginning before they leave the hospital and continuing through the first few weeks at home. Three hospitals in Georgia have this program, which is expected to expand statewide in the next few years.

Reverend Arnold McKinney, Pastor, Macedonia Missionary Baptist Church in Waycross; and Program Coordinator, General Missionary Baptist Convention of Georgia, concluded the third panel with testimony on the role of the church in working with governmental agencies to address issues of family crisis. He submitted that the church cannot replace government, assume its responsibilities, or become part of it. He noted that the government, however, even with adequate resources and political will, cannot properly do it all alone. He said that the church and the government have important common ground—people in need of ministry and service—and that the church must work to make the government "more humane, compassionate and accountable."

CHILDREN AND FAMILIES IN THE SOUTH: TRENDS IN HEALTH CARE, FAMILY SERVICES, AND THE RURAL ECONOMY

Fact Sheet

Georgia, a populous State with a high proportion of children and youth

Georgia was the 11th most populous state in the nation in 1984. The state grew from 4.6 million in 1970 to 5.8 million in July 1984. (Georgia 2000, 1986)

In 1980, Georgia had a higher percentage of children than the nation as a whole: 23% of the population in Georgia was between

the ages of 6 and 18; 9% was between the ages of 0 and 5. (Georgia 2000, 1986)

Indicators of well-being remain low for Georgia's children

In 1980, 341,914, or 21% of children in Georgia lived in poverty; 22% (111,209) of all Georgia children under age 6 were poor. (Children's Defense Fund [CDF], 1985)

Georgia ranks among the 5 worst states with regard to low birthweight and infant mortality rates. (CDF, 1986)

In 1980, 24% of Georgia's residents had completed 0 to 8 years of elementary education, 20% had completed 1 to 3 years of high school, 28% had graduated from high school, and 15% had graduated from college. (Georgia 2000, 1986)

In Georgia, 22,616 cases of child abuse were reported, a 64% increase between 1980–81 and 1983–84. (Fiscal Year 1984 Child Abuse and Neglect Report. Georgia Department of Human Resources, Division of Family and Children Services, Atlanta, GA, 1985)

Many Georgia families still impoverished

Despite a 57.4% reduction in the poverty rate during the last 20 years, Georgia still has the 8th highest percentage of residents living below the poverty level. (State and Metropolitan Area Data Book, 1982, U.S. Department of Commerce, Bureau of the Census)

In 1979, 16% of Georgians were living in poverty: 10.2% of the white population, 34.1% of the black population. (1980 Census of the Population, U.S. Department of Commerce, Bureau of the Census)

While agriculture remains largest Georgia industry, very serious problems on rise

Agriculture and agribusiness are Georgia's biggest industries, contributing $17 billion each year to the state's economy. (Georgia Department of Labor, 1986)

Georgia farmers are in the worst financial shape in the Southeast. Total outstanding farm debt is approximately $5 billion. (Georgia Department of Agriculture, 1986)

The number of farms in Georgia has dropped from 225,897 in 1945 to 51,000 in 1984 (preliminary). (Bureau of the Census)

In Georgia, 8,635 borrowers owe the Farmers Home Administration $1.2 billion. The majority of these borrowers are delinquent, representing the highest percentage of delinquent borrowers for all states. The delinquent borrowers owe $915.2 million. (Farmers Home Administration [FmHA], 1986)

In February 1986, the FmHA sent 3,440 debt notices to delinquent Georgia farmers. Most of those letters contained the phrase "intent to take adverse action" indicating a delinquency of 3 or more years. In comparison, Iowa received 2,949 letters, with 526 targeted at those in severe trouble. (FmHA, 1986)

Average prices for apples, corn, cotton, cottonseed, hay, peaches, pecans, sorghum, soybeans, sweet potatoes, and wheat declined between 1983 and 1984. (Georgia Crop Reporting Service, Georgia Department of Agriculture, 1985)

Total farm production expenses for Georgia farmers during 1984 were the highest in 3 years. (Georgia Crop Reporting Service, 1985)

A majority of Georgia mothers in the work force; few child care programs

54% (188,000) of all women with children under 6 were in the labor force. In addition, 68% of all women in Georgia with children between the ages of 6 and 17 were in the labor force (290,000 women). (Perrault, Joseph. "Child Care in Georgia." Memorandum. Atlanta, GA: Save the Children, Inc., 1983)

Georgia provides no separate state programs for:

School-age child care; child care aid for college students; child care aid for parents in training; child care aid for teen parents; dependent care tax credit or deduction. (CDF, 1985)

Georgia provides no state funds for preschoool, or for child care resource and referral projects, and offers no program of loans or assistance for child care facilities. (CDF, 1985)

Summary of Full Committee Hearing on "Placing Infants at Risk: Parental Addiction and Disease" Children's Hospital National Medical Center, Washington, D.C., May 21, 1986

The Select Committee on Children, Youth, and Families held a hearing on May 21, 1986, entitled, "Placing Infants At Risk: Parental Addiction and Disease." The hearing, held at Children's Hospital National Medical Center, Washington, D.C., focused on the calamitous effects maternal substance abuse, including smoking, drinking, and drugs, and AIDS, have on infants.

The first panel, consisting of five witnesses, opened with the personal story of Jennifer Custis, a parent from Vienna, VA. Jenny was accompanied by her counselor, Meredith Finsterbusch, program coordinator of the Women's Center, Vienna, VA. At the age of 16 Jenny, when her mother died from drug abuse, turned to alcohol and drugs to escape her grief. At 18, she moved in with an alcoholic boyfriend. Jenny gave birth to two healthy children during the next three years, having abstained from drugs and having received prenatal care while pregnant.

During her third pregnancy, however, Jenny drank and smoked marijuana heavily. She did not receive prenatal care until just prior to the birth of her son, who was born seven weeks early, and weighed less than four pounds. As an alcoholic and substance abuser, with no roof over her head, Jenny realized her inability to parent. She chose to give up her three children.

Jenny got pregnant a fourth time. This time, however, she immediately sought prenatal care, and admitted she was abusing both drugs and alcohol. Jenny joined a self-help group, and stopped drinking and smoking marijuana. She also began personal counseling at the Women's Center with Ms. Finsterbusch. Despite her successful struggle with substance abuse, Jenny's baby was born eight weeks early, weighing three pounds, nine ounces. Jenny's two premature babies each spent two to three weeks in the neonatal intensive care unit. Due to the support she is now receiving at the Women's Center, Jenny is looking forward to a sober future with her new baby.

Ira J. Chasnoff, M.D., Assistant Professor of Pediatrics and Psychiatry, Northwestern University Medical School; and Director of the Perinatal Center for Chemical Dependence, Northwestern Memorial Hospital, Chicago, IL, estimated that five million Americans are using cocaine on a regular basis. He discussed how, because the placenta does not act as a barrier, drugs like cocaine and opiates effect the fetus. The effects of maternal drug use may include congenital abnormalities, fetal growth retardation, low birthweight, neonatal growth retardation, or behavioral problems. Furthermore, a fetus will develop an addiction to some drugs (such as heroin and methodone), and experience withdrawal symptoms as a result. Dr. Chasnoff also described new evidence which suggests that cocaine

use may increase the risk of sudden infant death syndrome by 15 percent.

Dr. Chasnoff described his comprehensive drug treatment program for addicted pregnant women. Prenatal intervention for addicted women has cut the average hospitalization period for infants from four to six weeks, to two to three days. The savings per child is approximately $27,000. Dr. Chasnoff stressed that prenatal care is the most effective measure in preventing birth defects among addicted infants.

James Oleske, M.D., M.P.H., Director, Division of Allergy, Immunoglogy, and Infectious Disease, University of Medicine and Dentistry of New Jersey, Newark, NJ, testified next. Dr. Oleske, a leading practitioner and researcher in the field of pediatric AIDS, stated that 350 full blown cases of AIDS in children under the age of 13 have been reported to the Centers for Disease Control. Seventy-five percent of those cases are among infants, and 75 percent of infants born with AIDS are born to women using drugs, or women having sexual contact with high-risk men (homosexuals or drug users). Those infants that are infected in utero may suffer central nervous system damage, brain damage, and other problems. The mortality rate for pediatric AIDS is 65 percent, and for pediatric AIDS related diseases, 20 percent. AIDS treatment is extremely expensive, and not always covered by insurance. While applauding increased federal resources for AIDS research, Dr. Oleske concluded by stressing the need for expanded care services for AIDS infants and their families, as well as for more educational materials about AIDS and maternal and child health issues.

The hearing continued with testimony from Benjamin Walker, Jr., M.P.H., Chief Executive Officer, Odyssey Foundation of New York, Inc., New York, NY. Mr. Walker described Odyssey Foundation's therapeutic residential community program for drug-addicted parents, and their children. Most residents are second and third generation substance abusers. The program provides psychiatric services, skills training, nursery school, and kindergarten services for the children. Many children arrive sick and malnourished, inattentive and withdrawn, due to parental maltreatment, including neglect. Odyssey House tries to rebuild healthy relationships between children and drug-free parents. The program's uniqueness stems from the fact that it houses and treats parents and children together.

The next witness was Joyce Thomas, R.N., P.N.P., M.P.H., Director, Division of Child Protection, Children's Hospital National Medical Center, Washington, DC. Ms. Thomas runs a multifaceted program for maltreated children providing medical care, mental health services, social services, parent education, prevention programs, and public education programs. Many of the children served by the hospital's child protection Division have been hurt and neglected by substance abusing parents, and are, therefore, taken into protective custody. Ms. Thomas noted that there are more than 28 million children of alcoholic parents in the U.S., one-fourth of whom are under 18. She also noted that PCP use is a growing problem in the District of Columbia, and that an increasing number of abused children coming to the hospital have PCP-using parents.

Ms. Thomas ended by recommending that major public education efforts, as well as improved data collection, and specialized comprehensive treatment programs are all needed to better prevent, document, and deal with the serious problems of child abuse and neglect resulting from substance abusing adults.

The second panel began with Lawrence Fenton, M.D., Professor of Pediatrics, Head, Section of Neonatal/Perinatal Medicine, Department of Pediatrics, School of Medicine, University of South Dakota, Sioux Falls, accompanied by Ann Wilson, Ph.D., Associate Professor, Department of Pediatrics, Department of Psychiatry, School of Medicine, University of South Dakota Sioux Falls. Dr. Wilson explained that human attachment and emotional care, as well as food and hygine, are crucial to the healthy development of an infant. Mothers who abuse alcohol and drugs become non-caring if they are unwilling or unable to love their infants as a result of abusing drugs or alcholol. This lack of attachment, Dr. Wilson pointed out, will result in the emotional underdevelopment of those infants.

Dr. Fenton continued with a description of an addicted newborn. He cited statistics regarding infants born to heroin addicts which suggest that by six months to one year of age, 85% of those children would no longer be in their homes, 30% to 40% would be abused, and 10% to 15% would be killed. Placement in foster homes, he noted, are often not the best solution, since in most states a child has to be battered or neglected to become eligible for a foster care placement.

The next witness was Sterling K. Clarren, M.D., Associate Professor of Pediatrics, School of Medicine, University of Washington, Seattle, WA. Dr. Clarren stated that Fetal Alcohol Syndrome (FAS), caused by heavy alcohol use during pregnancy, has many adverse effects on the fetus including growth deficiency, facial anamolies, heart and bone malformations, central nervous system dysfunction, and brain damage, which is the most serious. Dr. Clarren asserted that FAS occurs in roughly one to two live births per 1,000, despite its being "totally preventable." The frequency of alcohol-related birth defects is estimated to be two to three times the incidence of FAS. Alcohol is the leading known environmental cause of fetal damage and may be responsible for 10% to 20% of the mentally retarded persons in the U.S. Dr. Clarren feels that it is safest for women to abstain from alcohol entirely during pregnancy.

James S. Marks, M.D., Assistant Director for Science, Center for Health Promotion and Education, Centers for Disease Control, Atlanta, GA, testified next. Dr. Marks began with the assertion that cigarette smoking is the single most important determinant of poor fetal growth in the U.S. A woman who smokes cigarettes has at least twice the risk of having a low birthweight baby. In addition, relationships have been found between maternal smoking and stillbirths, premature delivery, premature rupture of mother's membranes, sudden infant death syndrome (SIDS), premature separation of the placenta from the uterine wall, and behavioral and learning problems for the infant.

Dr. Marks reported that currently 29% of all women smoke, and only about 10% to 15% of them stop smoking during pregnancy. About 900,000 of the 3.6 million infants born each year are exposed

in utero to the effects of tobacco. Smoking is greatest among those women at greatest risk of poor pregnancy outcomes: the less well educated, teens, unmarried women, alcohol drinkers, and low-income women.

Dr. Marks stressed the need for intervening during the prenatal period in the case of a pregnant woman who is smoking. Intervention increases the rate of smoking cessation during pregnancy, which, in turn, increases the birthweight of infants. Smoking sessation efforts are very inexpensive when compared to the expenditures for low birthweight neonates who require intensive care. It is estimated that the U.S. low birthweight rate of 6.8% would decrease to 5% if maternal smoking were eliminated.

The final witness was Elaine B. Arkin, Chair, Steering Committee, Healthy Mothers, Healthy Babies Coalition, Washington, DC. Ms. Arkin described the Healthy Mothers, Healthy Babies Coalition, a cooperative venture of 80 national groups representing the voluntary sector, health professions, and government. Created in 1981, the program was designed to prevent infant morbidity and mortality through improved education of women, their families, and health care provides. On the theory that the key to preventing substance abuse among child-bearing women is public education, they have produced and dispersed materials encouraging preventive actions such as prenatal care, proper nutrition, and breastfeeding, as well as avoiding cigarettes, alcohol, and drugs. Ms. Arkin explained that the program targets low-income women, their health care providers, and the general public.

PLACING INFANTS AT RISK: PARENTAL ADDICTION AND DISEASE

Fact Sheet

I. Overview

Parental behavior linked to increased infant risk

Behavioral and environmental risks, such as smoking, alcohol and other substance abuse, are among the "risk factors" which indicate an increased chance, or risk, of bearing a low-birthweight infant. Low birthweight is one of the greatest predictors of infant mortality, and also increases the risk of illness. (Institute of Medicine (IOM), Preventing Low Birthweight, 1985)

Most mothers continue to smoke or drink during pregnancy

In 1980, only 18% of smokers stopped smoking during pregnancy, while only 30% of mothers who drank stopped during pregnancy. (National Natality Survey, National Center for Health Statistics [NCHS], 1980)

Of the 50% of high school dropouts (less than 12 years of education) who smoked before pregnancy, only about 10% stopped smoking during pregnancy. Of the 15% of college graduates who smoked before pregnancy, about 24% stopped smoking during pregnancy. (National Natality Survey, NCHS, 1980)

Infants affected by drugs, alcohol, smoking are high cost to society

One Fetal Alcohol Syndrome (FAS) child requires an average of $405,000 in direct special services from birth to age 65. The total costs of FAS to society, including direct services and loss in productivity, are estimated at between $1.937 billion and $9.687 billion, with a median estimate of $3.236 billion. A conservative estimate on the health costs for treating babies born with FAS in 1980 is $14.9 million. (Harwood, Napolitan, 1985)

Of the 228,300 admissions to neonatal intensive care units, about 15,000 (7%) were attributable to effects of maternal smoking—at an annual cost of $175 million. (G. Oster, et al, Institute for the Study of Smoking Behavior and Policy, Kennedy School of Government, Harvard University, unpublished, 1986)

It is estimated, at Children's Hospital National Medical Center, that a low-birthweight baby averages 16 days in the neonatal intensive care unit, at an average cost of $1,500 per day. (G. B. Avery, Children's Hospital National Medical Center, May, 1986)

Although low birthweight, other infant risks, largely preventable, prevention efforts are lacking

Policymakers and health professionals know enough to intervene more vigorously to reduce the incidence of low birthweight in infants, and among the factors (affecting low birthweight) that can be recognized and dealt with before pregnancy are . . . smoking, moderate to heavy alcohol use, and substance abuse. . . . (IOM, 1985)

Smoking is one of the most important preventable determinants of low birthweight in the U.S. (IOM, 1985)

A review of alcoholism prevention efforts on the federal, state, and local levels found that prevention has ranked lowest among all alcoholism and drug dependence funding priorities established by the U.S. Government. (P. E. Nathan, American Psychologist, April, 1983)

II. Drug abuse

More women of childbearing age are using heroin, cocaine, and stimulants

In a 1982 survey, it was estimated that 4.1 million women ages 12 and up used cocaine during the past year (up from a 1979 survey estimate of 3.4 million), while 1.4 million women had used cocaine during the past month. (National Institute on Drug Abuse [NIDA], National Survey on Drug Abuse, 1979, 1982)

In the same survey, it was estimated that 90,000 women ages 18 to 25 used heroin in the past year, an increase of 10,000 users since a 1979 estimate. (NIDA, 1979, 1982)

According to the 1979 survey, an estimated 390,000 women ages 18 to 25 had used stimulants in the past month. The 1982 survey estimated a dramatic increase to 970,000 women stimulant users. (NIDA, 1979, 1982)

High rate of addict births in New York City, San Francisco

In 1983, the New York City Health Department conservatively estimated 884 addict births, a rate of 7.9 per 1,000 live births. This represents an increase from 1966, when 227 addict births were counted—a rate of 1.5 addict births per 1,000 live births. (New York City Department of Health, August, 1984)

In New York City, the proportion of women in the known addict population rose from 14% to 25% between 1968 and 1973. Since then, the proportion of women has remained at between 25% and 30%. (New York City Department of Health, 1973; R. Brotman, et al, 1985)

In San Francisco County, CA, 1.2% (114) of the 9,562 total births in 1982 had drug- or alcohol-related symptoms. (M. Jessup, "Chemically Dependent Pregnant Women in San Francisco: A Status Report," August 1, 1983)

Infants severely affected by mother's drug use during pregnancy

Infants born to opiate-dependent women frequently have low birthweights. (L. P. Finnegan, Federation of American Societies for Experimental Biology, April, 1985)

Neonatal abstinence, which may be severe and persist for as long as 3 months, causes symptoms that can include central nervous system hyperirritability, gastrointestinal dysfunction, respiratory distress, fever, high-pitched cry, . . . uncoordinated sucking and swallowing reflexes, and dehydration. (Finnegan, April, 1985)

PCP-exposed infants were found to have sudden outbursts of agitation and rapid changes in level of consciousness. (I. J. Chasnoff, et al, 1983)

Infants born to polydrug-addicts tended to be more depressed than those babies born to methadone maintained women. (I. J. Chasnoff, et al, *Pediatrics,* August, 1982)

Compared to normal and opiate-addicted infants, cocaine-exposed infants are at a significantly higher risk for Sudden Infant Death Syndrome and respiratory abnormalities. (I. J. Chasnoff, et al, abstract submitted to The Society for Pediatric Research, 1986)

Cocaine abuse is associated with a high incidence of prematurity, intrauterine growth retardation, and intrapartum complications. (M.H. Lifschitz et al, Baylor College of Medicine, Houston, TX, 1986)

According to preliminary observations, cocaine-using women have a significantly higher rate of spontaneous abortion. Furthermore, in pregnancies under study, 4 women had onset of labor with abruptio placentae immediately after intervenous self-injection of cocaine. (I. J. Chasnoff, et al, *New England Journal of Medicine,* September 12, 1985)

III. AIDS (acquired immune deficiency syndrome)

Numbers of pediatric aids cases climbing

As of April 28, 1986, 281 cases of AIDS had been reported in children under 13 years of age. 60% are known to have died. Of children diagnosed with AIDS before 1984, 75%–80% have died. The

mortality rate for adults with AIDS is 54%. (Centers for Disease Control [CDC], 1986)

It is not known how many children have milder forms of the illness, or how many are infected, but do not show any symptoms. Experts estimate that for every child with full-blown AIDS, 1 to 3 others may be infected. (M. Rogers, CDC, 1986; G. Scott, University of Miami School of Medicine, May, 1986)

Intravenous drug users pass aids virus to infants

75% of pediatric cases contracted AIDS from their mothers either during pregnancy, or immediately after birth. Of those, 61% of the mothers were drug users themselves, and 12% were the sex partners of men who used drugs. 16% of children with AIDS contracted it from blood transfusions or blood products. (M. Rogers, CDC, 1986)

Not all mothers who test positively for HTLV–3 (the AIDS antibody) will infect their infants in utero. While it is likely that the majority of babies will test positively, not all of them will develop symptoms. (G. Scott, 1986)

In one study of 13 mothers who already had babies who tested positively for the AIDS antibody, 65% of their subsequent children were infected. (G. Scott, 1986)

IV. Alcohol abuse

Women of child bearing age are drinking

61% of women ages 20–34 drank some amount of alcohol in 1983. Of these, 35% drank 5 or more drinks per day. (National Health Interview Survey, NCHS, 1983)

More women ages 18–24 drank heavily (5.7%) than women of any other age group. (CDC, 1985)

Fetal alcohol syndrome (FAS)

Between 3,700 to 7,400 babies were born with FAS in 1982. Up to 36,000 newborns each year may be affected by a range of less severe alcohol-related effects. (Ouellette, 1983; NCAI)

80% of children with FAS have prenatal and postnatal growth retardation requiring neonatal intensive care, 45% are expected to have mild to moderate mental retardation, and 56% require a series of audiological evaluations in their first year, with annual checkups and possible corrective surgery. One out of 8 are expected to have a cleft palate requiring a series of corrective operations. (Harwood, Napolitan, 1985)

Experts estimate that FAS occurs between 1 and 2 per 1,000 live births. Partial expression of FAS occurs in 3 to 5 live births per 1,000. (Ouellette, 1983)

V. Smoking

More women of child-bearing age are smoking

A higher proportion of women in their child-bearing years—ages 20 to 35—are smoking now than were doing so in the past. (U.S. Office on Smoking and Health, 1985)

According to the 1980 National Natality Survey, 31% of married pregnant women smoked before their pregnancies, and 26% smoked during their pregnancies. (National Natality Survey, NCHS, 1980)

Smoking linked to fetal death, low birthweight, poor infant health

Material smoking results in roughly 50,000 fetal deaths and 4,000 infant deaths in the United States each year. (R. T. Ravenholt, "Cell to Organism: Tobacco's Influence on Development," 1985)

About 36,000—or 15%—of the low-weight babies born in the United States in 1983, were underweight because the mothers smoked during pregnancy. (Oster, et al, 1986)

The relationship of smoking to intrauterine growth retardation is so well established that the term "fetal tobacco syndrome" is now commonly applied to cases in which the mothers who smoke at least 5 cigarettes daily throughout pregnancy deliver a baby at full term weighing less than 2,500 grams. (C. Hogue, "Smoking and Birth Weight," 1985)

Spontaneous abortion rates are increased by about one-third among smoking mothers, and are doubled for those who are heavy smokers. (Ravenholt, 1985)

Women who smoke more than a pack of cigarettes a day during pregnancy increase the risk of stillbirth and Sudden Infant Death Syndrome by 35%. (National Association of Children's Hospitals and Related Institutions, Inc., 1986)

Preterm births were found to be increased by 60% in women smoking one or more packs a day. (P. H. Shiono, et al, Journal of the American Medical Association, 1986)

Surviving babies of women who smoke heavily during pregnancy do not start gaining weight at the same rate as infants born to non-smokers until after 4 months of age. (G. S. Grubb, Family Health International, 1985)

Children under 3 years of age whose mothers smoked during pregnancy were perceived to be in poorer health, and had higher incidences of bed days, chronic conditions, respiratory conditions, and hospitalizations, than children whose mothers did not smoke. (National Health Interview Survey, NCHS, 1981)

Passive smoke inhalation leads to increased respiratory problems for children

Parents who smoke increase their child's chance of developing both lower and upper respiratory tract illnesses during the first year of life. (R. A. Etzel, CDC, 1985)

Non-smoking women who were exposed to tobacco smoke for 2 or more hours daily at home or at work had twice the risk of having a growth-retarded infant. (M. B. Bracken, 1985)

Summary of Full Committee Hearing "Divorce: The Impact on Children and Families" Washington, D.C., June 19, 1986

The Select Committee on Children, Youth, and Families held a hearing to explore the short- and long-term psychological and economic consequences of divorce on children and families.

Laurie Dixon, a 16 year-old student from Bethesda, MD, is a child of divorce. While Laurie had wished her parents would get back together when she was younger, she now realizes they may be better apart. She believes that after a divorce, conflict between parents, poor communication between parents and their children, and too little parental cooperation can cause greater problems for children than the divorce itself, and may lead to more coping difficulties.

Troubled by negative media images of children of divorce, Laurie interviewed other high-school students whose parents had divorced, and wrote an article for the school paper. She found that most had similar experiences to her own. They had adjusted and coped with the divorce and were getting along with their lives. Some even said that they had grown, developed greater self-reliance, a greater sense of responsibility, and closer relationships with one or both parents.

She testified that to combat the problems between children and parents, responsibility, sensitivity, and the art of communication should be taught.

Judith S. Wallerstein, Executive Director, Center for the Family in Transition, Corte Madera, CA, described the findings of her research, based on a 10-year study of predominantly white, middle-class California chidlren, who were aged 3 to 18 at the time of their parents' separation.

Many coped well with the stress of divorce, and developed independence and compassion, but for a significant number negative effects continued for several years. Forty-three percent of the adolescents in her sample were functioning well, 15% were functioning unevenly, and 42% were functioning poorly 10 years following the divorce. Neediness, resentment, and unrestrained sadness were some of the dominant feelings expressed by the latter group.

Wallerstein testified that the long-term psychological health of children is not determined by the divorce itself, but by the diminished parenting and the household disorganization that results, especially when the custodial parent is isolated and facing severe economic difficulties; by continued parental conflict, multiple relocations and economic deprivation, and by curtailed educational or social opportunities for children, which often accompany a divorce.

An unexpected finding revealed a significant number of young people from divorced middle class families suffering a downward economic and social trend at age 18. Only a few received financial assistance from their fathers beyond age 18. As a result, a signifi-

cant number were pursuing academic and vocational goals far below their capabilities.

According to Wallerstein, counseling, parent education and support groups, and mediation assist in minimizing negative outcomes. In addition, support services such as adequate child support, quality child care and school support programs are needed.

Gene Brody, Co-director, Program for the Study of Competence in Children and Families; and Professor of Child and Family Development at the University of Georgia, testified next.

Brody summarized Mavis Hetherington's pioneering research which showed that if divorce resulted in a disorganized household where the quality of parenting was undermined by the stress of the divorce, there were negative consequences for preschoolers. Children whose divorced mothers maintained consistent household routines, and remained firm but sensitive disciplinarians, displayed few intellectual and social deficits.

Brody's research focused on the effects of parental depression, and continuing conflict between the divorced parents, on the adjustment of preadolescents. He found that socioeconomic status affects the level of depression among custodial mothers. The lower their income, the greater the depression. While the majority of these mothers were employed, they did not have the education, job skills, or experience to enable them to obtain a well-paid position or to pay for high quality child care.

He showed that the higher levels of depression among lower-income custodial mothers resulted in poor academic performance, higher levels of anxiety, and more health problems among their adolescents. At the same time, ongoing parental conflict was associated with adolescents' poorer school performance, less social competence with peers, greater behavior problems at school, and negative self-perceptions. However, Brody found that when mothers were not depressed and parents cooperated, adolescents functioned competently.

Also, comparing young adolescents in divorced and intact families with regard to levels of conflict, Brody found that adolescents' school performance and social competencies were influenced by parental conflict, not marital status.

A school-based preventive intervention program for children of divorced parents was described by Neil Kalter, Associate Professor, Departments of Psychology and Psychiatry, University of Michigan at Ann Arbor. This program for elementary school-age children whose parents had recently separated or divorced, is designed to reduce problems such as low self-esteem, poor academic performance, and depression.

The children meet in small groups once a week for 8 weeks, providing them the opportunity to express their feelings and to share their concerns with children in similar circumstances. After 6 months, preliminary testing shows that this intervention is significantly reducing aggression and depression, and enhancing self-esteem.

Based on his small sample, Kalter found that as many as two-thirds of children have no social, emotional, or cognitive developmental problems after the initial period of disruption at the time of the divorce. For the remainder, however, post-divorce stressors

such as downward economic mobility and povety, frequent shifts in residence, continued hostility between parents, infrequent or near total lack of contact with the non-resident parent, and parent dating and remarriage can lead to and sustain poor adjustment.

Nancy Polikoff, Director, Child Support and Child Custody Projects of the Washington, DC-based Women's Legal Defense Fund, described the recent trend away from maternal custody to joint or sole paternal custody, and its implications. Polikoff testified that judges no longer consider and give preference to whomever was the primary caretaker during the marriage. Preference is given to the parent who can more likely provide better economic stability, more often, the father. Moreover, according to Polikoff, welfare mothers, battered women who have sought shelter outside the home, and women who return to school or fulltime employment are discriminated against in custody disputes and are discounted as stable parents.

Of the 10% of contested custody cases, fathers are winning custody about 50% of the time. Even if the numbers of disputed cases are small, Polikoff stressed that in this climate of fear, mothers are routinely forfeiting alimony, equitable propety settlements, and adequate child support to avoid the risk of losing custody.

In addition, Polikoff testified that a presumption of joint custody in the law is being promoted by some groups because it supposedly: 1) compensates for discrimination against fathers; 2) serves the best interests of children by providing frequent contact with both parents; and 3) eliminates the problems of inadequate and unpaid child support.

Polikoff told the Committee that all three claims were disputable. She cited evidence that fathers are no longer discriminated against in custody disputes; joint custody must be an affirmative choice based on high levels of communication and cooperation and does not work in the best interests of children unless it's voluntary; and, studies have shown that mothers in fact do not withhold visitation, and that joint custody claims are often an excuse for fathers not to pay child support.

David L. Levy, President, National Council for Children's Rights, Washington, DC, maintained that evidence exists to support the claim that joint custody encourages the healthy development of children. Levy also said that joint custody is the most effective means of assuring child support payments, and reducing parental conflict. He told the Committee that the relitigation rate among joint custody families is one-half the rate among sole custody families.

Joint custody is recognized by statute in 33 states, and is the presumption or preference in 13 of those states. Still, according to Levy, joint custody is unevenly applied and expensive to attain. Levy recommended developing federal legislation to create a presumption of joint custody, and the use of mediation for the resolution of custody disputes.

In addition, Levy recommended that child support awards take into account the cost of raising a child, according to the income levels of both parents, including the costs of the non-custodial parent, who in many instances is now maintaining two households. While acknowledging that women do not fare as well economically

as men, Levy said the feminization of poverty is linked to the feminization of custody, as well as to unequal pay.

Lenore Weitzman, currently Associate Professor of Sociology at Stanford University, and author of The Divorce Revolution, testified that devastating economic consequences of divorce for women and children are a direct result of the legal process of divorce, especially in the division of property, and the adoption of no-fault divorce laws. Divorced women and children suffer a 73% decline in their standard of living one year after a divorce, while ex-husbands experience a 42% increase.

According to Weitzman, there is a direct causal link between the economics of divorce and the rise in female and child poverty in America. Divorce is the single most important contributor to single-parenthood—80% of single mothers become family heads as a result of divorce or separation. Only 20% of the single mother-headed households are a result of unwed parenthood. More than 50% of the impoverished families in the United States are headed by single mothers.

Weitzman testified that current statutes, laws, and rules are responsible for creating this poverty. One concerns the inequitable way property is defined and divided, including the exclusion of career assets such as pensions, and retirement benefits, a trade or professional license, and government benefits. In addition, children do not have entitlement to property, as illustrated by the forced sale of the family home, which may be disruptive to children.

Second, only 12% of divorced women with children were awarded alimony in 1984, limiting their ability and opportunity to increase their own earning capacity after divorce.

In addition, while Congress has been at the forefront of child support enforcement, there are still limitations. In most states, child support ends at the age of 18, increasing the financial burden for the mother.

While Weitzman did not suggest that the previous system of divorce be reinstituted, she made suggestions for Federal solutions, including: prorated sharing of pension benefits acquired during marriage; sharing social security credits earned during marriage; providing tax incentives for payment of short-term alimony; increasing education and training programs; supporting child care; and raising the age of majority for child support to 21.

Severa Austin, Director of the Bureau of Human Resources, Madison, WI, described the model Child Support Initiative in Wisconsin, which has three major components.

The first is mandatory automatic wage withholding, whether or not the non-custodial parent has been delinquent in child support payments, which will take effect in all counties on July 1, 1987 (currently piloted in 10 counties). Wisconsin has been withholding wages for 10 years from those non-custodial parents delinquent in child support payments.

The second component is a scale for child support payments based on a percentage of the non-custodial parent's income, which rises with the number of children: 17% for 1 child; 25% for 2 children, 29% for 3 children, 31% for 4, and 35% for 5 or more children.

In 1987, Wisconsin will pilot the third component, which is a state-supported child support supplement as an alternative to AFDC, guaranteeing payment to children not receiving adequate support from non-custodial parents.

Austin also discussed the relationship between divorce, limited child support, and female-headed families in poverty. Eighty-two percent of female-headed families in Wisconsin are divorced, separated, or widowed. It's estimated that 45% of the families in Wisconsin who are impoverished have fallen into poverty as the result of marital dissolution.

Austin also shared statistics that describe the problem nationally. There are 8.3 million families in the U.S. where there is an absent father who has a child support obligation. Those families have $86.8 billion in cash income—$63.4 billion earned income and $7.4 billion in child support (the remainder in AFDC payments). Sixty-seven percent of all child support obligors become delinquent in their payments within 3 years. She also reported the results of a recent study which estimated that $26.5 billion could be collected in child support, 3½ times the amount currently collected.

Saul D. Hoffman, Associate Professor of Economics, University of Delaware, has conducted research on the economic wellbeing of children before and after a divorce based on data from a nationally representative sample derived from the Panel Study of Income Dynamics at the University of Michigan. He found that in the year following divorce, the average standard of living for women and children is about 30% lower than the year before the divorce, counting alimony and child support payments actually received. The standard of living rises for men, however, even after they have met their child support and alimony obligations.

Although the average decline in the standard of living is 30%, nearly a quarter of all children and about a third of black children find that their standard of living is less than half of what it had been in the year before divorce. Where about one child in eight was poor even when his or her parents were married, one child out of four is poor following a divorce. The proportional drop is similar for black and white children, but the fall in living standards means that the average black child in a post-divorce household now has a standard of living only 30% above the poverty level.

As a result of the economic decline, the percentage of women working to recoup income increases from 50% before the divorce to 75% after the divorce. If this were not the case, the economic impact of divorce would be even worse.

Hoffman concluded by stating that the situation does not improve over time. Remarriage is the only factor that has a dramatic impact on the economic well-being of the children.

H. Dale Keeton, President of the Family Institute, and a family therapist with the Vienna Family Therapy Center, Vienna, VA, summarized the psychological effects of divorce on children and listed the variables which determine a child's relative adjustment to a divorce, including: the quality of the relationship between the children and the custodial parent; the quality of the relationship between the ex-spouses; the psychological adjustment of the parents; the availability of a reliable relationship with the noncustodial parent; and financial resources.

He added that a sudden divorce, rather than one that is expected, has more long-term negative implications for children. Keeton concluded with some suggestions for preventing divorce and strengthening marriages, including better preparation for marriage and continued training in relationship skill development during marriage.

DIVORCE

Fact Sheet

In two decades, divorces reached record high, now leveling off

At current rates, nearly half of all marriages will end in divorce. About one-third of all young adults will marry, divorce, and then marry again. (Cherlin, 1986)

There are more divorced individuals than ever before. In March 1984, divorced persons represented 9% of the ever-married population, compared with 4% in 1970 and 3% in 1960. (Bureau of the Census, 1985)

Between 1962 and 1981, the number of divorces almost tripled, reaching an historic high of 1.2 million divorces in 1981. In 1982, the number of divorces dropped by 4%, the first decline in 20 years. This decline was followed by a slight 1% drop in 1983, the last year for which final data are available. (National Center for Health Statistics [NCHS], December 1985)

According to provisional reports, the number of divorces remained relatively constant in 1984 and the first half of 1985. By the end of 1985, 1,187,000 divorces were reported, less than a 3% increase since December 1984. (NCHS, March 1986)

The increasing prevalence of remarriage is linked to the increasing prevalence of divorce. The proportion of all marriages which are remarriages has increased. The propensity to remarry after divorce has remained constant for white women, while it has declined for black women. Since 1960–65, the remarriage rate after divorce for whites has remained between 65 and 70 per 1,000 women. The rate for black women declined from 70.7 in 1960–65 to 33.4 in 1975–1980. (National Institute of Child Health and Human Development [NICHD], 1984)

The number of children of divorced parents has also leveled off, but the number remains high after a dramatic increase during the 1970's

In 1970, almost 5 million children under age 18 (60.5% of all children living with one parent) lived in single parent families with divorced or separated parents (the remainder lived with a parent who was widowed, never married, or whose spouse was absent for reasons other than marital discord). By 1984, more than 9 million children (64.9%) lived in similar circumstances. This increase occurred while the total number of children under age 18 declined from 69.8 million in 1970 to 62.8 million in 1984. (Census, 1985)

Each year since 1972, more than 1 million children have been in families that have undergone a divorce. (NCHS, Dec. 1985)

38% of white and 75% of black children born to ever-married mothers may experience the dissolution of their parents' marriage by the time they reach age 16. (NICHD, 1984)

Many children whose parents divorce will also experience a remarriage. It is estimated that for children in a remarriage family, about two-fifths of white children and three-fifths of black children will experience the dissolution of a parent's remarriage as well. (NICHD 1984)

Divorce, custody, and child support laws have changed over the last decade

In 1970, California instituted the first "no-fault" divorce law. All states except South Dakota now have some form of no-fault divorce law in place. (Weitzman, 1985)

30 states have adopted some form of joint custody legislation. The laws range widely in purpose, from simply authorizing courts to award joint custody if appropriate, to making joint custody the preferred option. Custody awards are disputed in about 10% of divorces. (Weitzmam, 1985)

In 1984, Congress enacted the Child Support Enforcement Amendments to improve the child support collection system so that child support awards would be enforced for all families, not only AFDC families. As of April 1, 1986, Oregon is the only state in compliance with all of the law's provisions.* (Office of Child Support Enforcement [OCSE], 1986)

Divorced families, children lose substantial income

36% of divorced or separated single women with children had incomes below the poverty level in 1983. 29% of the ever-divorced (including widowed or remarried women) or currently separated women with children had incomes below the poverty level in 1983. (Census, 1985)

When income is compared to need, divorced men experience an average 42% rise in their standard of living in the first year after a divorce, while divorced women experience a 73% decline. (Weitzman, 1985)

in 1983, 33% of all poor children lived with parents who were separated or divorced. (U.S. House of Representatives, Committee on Ways and Means, 1985)

Children who were still in single-parent families one year after their parents' divorce experienced a 27% decline in family income compared to pre-divorce income. (Duncan and Hoffman, 1985)

In March 1984, the mean family income for children living in mother-only families where the mother was divorced was $12,290, and where the mother was separated, $8,760. (Census, 1985)

Spousal support

In 1984, only 12% of the 6.8 million ever-divorced or currently separated women with children were awarded alimony payments. (Census, 1985)

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* For a complete list of the number of states in compliance with each provision of the Amendments, see "Implementation Status of 1984 Child Support Enforcement Amendments," OCSE, April 1, 1986.

The average amount of alimony received by women in 1983 was $3,980, an insignificant increase after adjusting for inflation from the 1981 level of $3,000. However, the 1981 amount represented a 25% decrease from the 1978 level after adjusting for inflation. The average amount of alimony received by women with children in 1983 was $2,915. (Census, 1985)

In 1984, about 37% of the 14.5 million women who had ever been divorced reported receiving some form of property settlement, down from 45% in 1979. For the 5.4 million ever-divorced women with children in 1983, 2.2 million (41%) received some type of property settlement. (Census, 1985)

Child support

In 1984, 6.8 million ever-divorced or currently separated women were living with children under 21 years of age whose fathers were not living in the households. 69% (about 4.7 million women) were awarded child support payments as of the survey date. (Census, 1985)

Of the 4.7 million ever-divorced or separated women awarded child support, about 3.8 million (81%) were supposed to receive child support for their children in 1983. Of those due payment, 76% received some child support in 1983. (Census, 1985)

Of all women due child support in 1983 (including never-married women), half received the full amount due. 24% did not receive any payments. (Census, 1985)

The average annual child support payment in 1983 for remarried women whose previous marriage ended in divorce was $2,164 (a decline of 12% in real terms since 1978); for divorced (but not remarried) women the amount was $2,491 (a decline of 16% in real terms since 1978); and for separated women $2,682 (a decline of 8% in real terms since 1978). (Census, 1985)

Of the 1.9 million ever-divorced or currently separated women with children who had incomes below the poverty level in 1983, 57% were awarded child support, compared to 69% for all ever-divorced or currently separated women. 62% of those who were supposed to receive child support in 1983 received at least partial payment. The average award was about $1,500 for 1983, about 60% of the average payment received by all women. (Census, 1985)

Divorce rates vary considerably by age and region

Divorce rates generally are highest for young men and women and decline for older age groups. In 1983, divorce rates were highest for married men 20–24 years of age (45.2 per 1,000) and for teenage women (48.1). In 1983, the average duration of marriage was 9.6 years, (NCHS, Dec. 1985)

In 1983, over half of all divorces (57.9%) occurred among men who were 24 years or younger when they married. Almost three-fourths of all divorces (71.4%) occurred to women who were 24 years of age or younger when they married. (NCHS, Dec. 1985)

The divorce rate is considerably lower in the Northeast than in the Midwest; both rates are considerably lower than rates in the South and West. (NCHS, Dec. 1985)

Summary of Joint Hearing on "The Crack Cocaine Crisis"
Washington, D.C., July 15, 1986

On July 15, 1986, the Select Committee on Children, Youth, and Families held a joint hearing with the Select Committee on Narcotics Control and Abuse to focus attention on the crack cocaine crisis afflicting America's youth. The hearing examined the growing prevalence of crack use among youngsters, the physical and pyschological dangers inherent in its use, and the extent to which the federal government is helping to prevent and treat drug abuse, including the use of crack.

The first panel began with Kevin Grevey, former basketball player for the Washington Bullets, presently Executive Director, Off Season, Inc. Mr. Grevey described the actions of former teammates whose careers were ruined as a result of drug abuse. Many of the athletes struggling with problems related to drug use began using drugs as youngsters, before entering professional sports. Among the organizations designed to assist addicted athletes is "Off Season." Grevey stressed that athletes, coaches, teachers, community organizers, and government agencies must all work to educate athletic and non-athletic youth about the dangers of drug abuse.

Bill Scheu, player and coach of the "USA Legends" Basketball Team, described how participation in sports can be a positive influence on youngsters with regard to preventing drug use. Mr. Scheu has developed "Hugs Are Better Than Drugs," a program which brings major sports figures into schools to show through these successful role models and through education that drugs are a bad choice.

The panel continued with Lee Ann Bonanno, Bronx, NY, a 20-year-old recovering crack addict. Lee Ann explained how "innocent" drug use can lead to dangerous drug abuse. As a teenager she used various drugs, including marijuana and powder cocaine for four years before trying crack. After becoming addicted to crack, she lied, stole, and ran away to satisfy her addiction. When she finally sought help, Lee Ann entered a residential drug treatment center. She has been sober for one year and now assists in a drug education program in several elementary schools sponsored by the New York Police Department. Lee Ann urged drug education for very young children to help prevent future drug abuse.

Lee Ann's mother, Janet Bonanno, Bronx, NY, described her sense of helplessness and her inability to accept the fact of Lee Ann's addiction to crack until Lee Ann's mental and physical well-being had deteriorated. Once Lee Ann began treatment, the Bonanno family strengthened. Janet attended counseling for parents, which helped her understand the importance of open communication within a family. Janet stressed the need for federal funds for

treatment centers, so that more drug-addicted youngsters, like Lee Ann, can receive help.

The second panel began with Jerome H. Jaffe, M.D., Director, Addiction Research Center, National Institute on Drug Abuse (NIDA). Dr. Jaffe described crack as cocaine which has been free-based with an alkaline solution into a smokeable form. In addition to creating a more intense high, smoking crack is far less expensive and easier than snorting cocaine. Cocaine can lead to tragic health consequences, including seizures, coma, and death. Although he did not have information on the prevalence of crack, specifically, Dr. Jaffe described current cocaine use as at an all time high among high school and college students. Cocaine-related deaths and emergency room admittances have increased steadily since 1981, which he suggested may be due to smoking crack. Dr. Jaffe, described efforts to help curb and prevent cocaine use. In addition to conducting research on the different methods of cocaine treatment, NIDA has launched a multimedia campaign entitled "COCAINE. THE BIG LIE." which warns of dangers of cocaine use, and contains a hotline number for cocaine users.

David L. Westrate, Assistant Administrator for Operations, Drug Enforcement Administration (DEA), U.S. Department of Justice, testified next. After describing what crack is, Mr. Westrate explained that crack is sold on the street or in crack houses, where a user can generally both buy and smoke the drug. Since crack is not injected, users need not fear the spread of AIDS. Crack produces a rapid and short-lived euphoria, which may be followed by "a restless irritability, severe depression and an almost insatiable craving for more of the drug."

Mr. Westrate said that because crack has emerged as a major narcotic in the past year, data on crack use is not yet available. No one has done a comprehensive analysis of the crack problem, including the DEA, which has incomplete enforcement information on crack. Mr. Westrate explained that the DEA recently began an extensive "intelligence survey" on crack, and are contacting local drug treatment professionals and police departments nationwide.

The third panel began with the testimony of Maurice T. Turner, Chief of Police, Metropolitan Police Department, Washington, DC, which was delivered by Isaac Fullwood, Assistant Chief of Police. Fullwood was accompanied by Inspector Christ Culligan, Morals Division, Washington, DC. Assistant Chief Fullwood explained that although crack has reportedly reached crisis proportions in major cities across the U.S., it is not yet a serious problem in Washington, DC. However, cocaine is available and abused. Cocaine arrests increased 600% between FY 1982 and FY 1985. Juvenile arrests are also on the rise as more juveniles become actively involved in drug trade and trafficking. Assistant Chief Fullwood reported that drug abuse, particularly PCP abuse, is widespread among students in the District of Columbia.

Based on reports from other communities, the Assistant Chief anticipates crack addiction will eventually lead to an increase in crime in Washington, DC. Fullwood stressed the need for prevention activities, including effective coordination among the federal, state and local law enforcement agencies, efforts to decrease the

demand for illicit substances, and the development of community drug awareness programs.

Wilhelmina E. Holliday, Deputy Commissioner for Community Affairs, New York City Police Department, accompanied by Deputy Chief Francis C. Hall, Chief, Narcotics Division, NYC Police Department, testified next. Ms. Holliday reported that in New York City, children as young as age 10 are using crack. Crack is available in all five boroughs of the city, and in non-urban areas outside the city. Ms. Holliday reported that crack presents a dangerous problem for police officers because its highly addictive nature can induce extremely violent and criminal behavior. It is a drug which dominates the user's life, overcoming such other common values as personal health, eating, sex, family life, and career.

Ms. Holliday outlined New York's efforts to combat crack. In September 1984, the Police Department and the New York City Board of Education launched the "School Program to Educate and Control Drug Abuse," a cooperative effort aimed at raising drug awareness among young school-age children and at eliminating in-school drug sales. Also, in May 1986, the Police Department formed a special, 101 person "Anti-Crack Unit." Holliday said that, although New York City is making an effort, "the real answer is at the federal level."

The panel concluded with Inspector Joel Gilliam, Commanding Officer, Narcotic Section, Detroit Police Department, Detroit, MI. Calling the crack problem a "national disgrace," Inspector Gilliam explained that crack is the major drug of choice in metropolitan Detroit. People as young as 13 are not ony addicted to crack, but are also selling the drug for a large profit.

Inspector Gilliam blamed the juvenile justice system for being unable to handle 14 to 16 year old "hardened criminals." Sentences are light, he said, and the juveniles know it. Since many young people become involved with criminal activity just to maintain their crack habit, Inspector Gilliam stressed that the juvenile justice system's "revolving door policy" must be changed and sentences strengthened. He further recommended that the federal government work on the supply side of the cocaine problem, that communities organize against drugs, and that drug education be adopted in every school for kindergarten through ninth grade students.

The final panel was comprised of individuals involved in the treatment and prevention of crack addiction. Members first heard from Father Coleman Costello, Executive Director, Outreach Project, Rego Park, NY (Queens). The Outreach Project, a comprehensive residential treatment program, serves 3,500 persons a year who are suffering from drug and alcohol problems. Their staff has found that cocaine has surpassed PCP as the major problem, with 65% of those seeking help doing so for crack abuse. Father Costello pointed to the long waiting lists for treatment and the inundation of the juvenile and criminal justice systems due to crack-related crimes as signs of the sharp rise in crack abuse. According to Father Costello, crack use has penetrated all socioeconomic boundaries.

In response to the demands for assistance, Father Costello has founded the Substance Abuse Ministry Training Program, which

has successfully trained over 200 community volunteers to more quickly identify drug abusers and refer them for treatment.

Father Costello said he is not surprised that crime, drug use, sexual abuse and exploitation are at an all time high among youth, given the overall lack of commitment to programs for children. He recommended adoption of a national strategy on youth, emphasizing drug abuse prevention, reevaluation of the educational system, and heightened assistance to teenagers in dealing with personal crises.

Next, John French, Chief, Office of Data Analysis and Epidemiology for the Alcohol, Narcotic and Drug Abuse Unit of the New Jersey State Department of Health, described the current supply of cocaine as exceeding current demand, a trend he expects will continue. This has driven prices down and crack use up. He described the psychological and physiological effects of crack, including the faster, more potent high, violent behavior, psychological addiction, depression, denial and loss of control. According to Mr. French, one out of six admissions for drug treatment in New Jersey are now related to cocaine abuse, as compared to one out of 25 in 1980. Further, over one half of all drug treatment admissions report a primary or secondary problem with cocaine. Although all New Jersey treatment programs report a large volume of calls about crack, there are relatively few specific admissions of crack users, a finding Mr. French attributes to the extreme denial by crack users and their parents.

Mr. French mentioned three impediments to progress in the fight against crack: relative difficulty in recruiting crack users into treatment; insufficient treatment at less expensive outpatient facilities; and limited state resources. To combat the crack epidemic he urged the federal government to direct funds toward crack supply reduction, abuse prevention, and treatment. Mr. French suggested placing an excise tax on the three major legal dependence-producing substances—alcohol, nicotine, and caffeine.

Malcolm Lawrence, former Special Assistant for International Narcotics Control Matters, U.S. Department of State; and presently Coordinator, Maryland Coalition of Concerned Parents, testified last on the role of schools in drug abuse prevention. Mr. Lawrence stated that schools are sending out weak and confused messages, rather than stressing the real dangers of taking drugs. He urged factual instruction backed up by a "no-nonsense" school policy, and the issuance by schools of a "Policy Statement" regarding drugs to be sent to all parents, students, and school personnel. This school campaign must be met with the full support of the local police and the community. In conclusion, Mr. Lawrence suggested that the House Select Committee on Narcotics Abuse and Control conduct a nationwide study to assess drug control policies and drug abuse curricula in schools, from which Congress should offer recommendations as to how schools might best help curtail drug abuse.

Summary of Full Committee Hearing on "Children and Families in the Midwest: Employment, Family Services and the Rural Economy" Galesburg, Illinois, August 11, 1986

On August 11, 1986, the Select Committee on Children, Youth and Families held a hearing in Galesburg, Illinois, entitled "Children and Families in the Midwest: Employment, Family Services and the Rural Economy." This hearing examined the effects of long-term unemployment and declines in the agricultural economy on children and families in the region.

Tracy Van Wynsberghe, age 16, of Geneseo, IL, described the effects unemployment has had on her family, and other families in the area. Her father, unemployed for several months, is currently working on a local farm, although the agricultural economy is also suffering. Unemployment has caused her family to worry a lot about basic support, and their future. While they are still able to provide for their necessities, they know many families who cannot. The children worry about the threat of moving should their father's current employment end, and about their ability to find jobs when they finish school.

Leo Collinson, Galva, IL, testified next. A machinist with International Harvester for 20 years, Mr. Collinson was laid off in 1984. At the time of his layoff, he grossed $510 per week. Currently he works as a janitor at the local high school for less than $200 per week. From 1984–1986, Mr. Collinson found part-time work driving a school bus, and with several companies. Although he participated in a JTPA testing and job retraining program where he showed ability in several areas and which helped to boost his self-confidence, he could not return to school and support his family at the same time. The Collinson children are in or preparing for college, and both work to help meet home and outside expenses. He said that he and his wife often discuss selling their home to help settle debts and pay for their children's education.

Steve Mullen, Orion, IL, testified that he had worked at manufacturing since 1973, to save enough money to start farming. However, his farm has lost money for the last several years, and he is now employed at a fertilizer company where he makes less than half of his former salary. While Mrs. Mullen, a licensed nurse, has gone back to work, together they earn less than Mr. Mullen made seven years ago. They can no longer afford insurance, and if anything breaks, there is no money to fix it. The Mullens have three children under age 12, who stay by themselves with relatives nearby while the Mullens work. Mr. Mullen reported that the future does not appear promising. While interest rates and some expenses have eased, commodity prices have dropped even more. He concluded that the "farm is a good place to raise children, but it is foolish to encourage them to stay."

Arthur Young, a former supervisor at a John Deere manufacturing plant, was permanently laid off in 1984 after 16 years with the company. While agricultural prosperity seems to him to be cyclical, economic problems in his area have gotten progressively worse in the last 5–6 years because the manufacturing sector no longer acts as a safety net. Mr. Young testified that unemployment placed great stress on him and his family, because of the stigma and blame attached to it, as well as the severe financial pressures. Older workers, he noted, have experienced unemployment disportionately and have a much harder time finding new employment. He now teaches vocational education part-time, but has little security because fewer students are taking vocational education courses. He, too, has found that it is very difficult to work, or be retrained, and support his family at the same time. Mr. Young's college-age son has informed the family that he does not plan to settle in the area.

Brad Arnett, Peoria, IL, described the loss of his job, and how it made life extremely difficult for his family. Currently the Arnetts together hold down three jobs, yet are barely able to get by even with some public assistance. The family has no health or disability insurance. Mr. Arnett feels empty and useless because he cannot provide for his family, and feels powerless to change their circumstances. Counseling assistance from Children and Family Services has helped the family cope with the stress, and related problems. He expressed fear as to what might have happened if not for the counseling.

The Arnetts were accompanied by Kim Kilbourn, M.S.W., a family counselor in central Illinois. He underscored the problems faced by the chronically unemployed who have "few realistic options from which to choose," and the loss of self-esteem involved. Because "having a job and producing income gives us a sense of identity, purpose and control of our life," chronic unemployment and underemployment create extreme stress on marriage and family relationships, harming both parents and children.

Ken Search, A.C.S.W., Program Coordinator, Family and Individual counseling, Counseling and Family Service in Peoria, explained that while local unemployment remains higher than the national average, the growing problems facing farmers have "delivered a second body blow" to the area, where there are approximately 10,000 farm families. Counseling and Family Service, a United Way-supported agency serving three central Illinois counties since early this century, has seen a 47% increase in the number of area youth legally adjudged delinquent (between 1982 and 1984), a 101% increase in child abuse and neglect reports, and a 10% increase in out-of-wedlock births to teens in the two counties which keep statistics.

While the agency's workload increased substantially between 1981 and 1985, funding cuts caused a loss of staff. Requests for services (January-May 1986) increased 21% over the same period in 1985, and were 50% greater than 1981. The number of individuals served by the agency's Single Expectant/Pregnant Teen program increased 34% (between 1981 and 1985). Yet non-United Way funds have decreased below 1981 levels, and fee income has declined due to lowered family incomes.

Search recommended continued support of tax deductions for charitable contributions as well as support of counseling reimbursement for services provided by qualified master-level social workers. He also cited the value of the Title XX Donated Funds Initiative which offers assistance to poor single parents, displaced worker programs, and broad job training efforts.

Bob Ranney, Consulting Manager, Midwest Rural Health Associates, Inc., and Senior Consultant, National Rural Health Care Association, opened the second panel with testimony based on a recently completed, U.S. Public Health Service funded study detailing the effects of the rural economy on health care in Iowa, Kansas, Nebraska and Missouri. The study illustrates the serious economic decline of many rural families. For example, personal income fell 100% between 1978 and 1983 in 24 Missouri counties north of the Missouri River and 13 counties south of the river, with an additional 27 counties suffering farm income declines of 67% to 100%.

From 1981 through 1985 land values dropped between 25% and 44%. Bankruptcies have also skyrocketed. In Missouri, there has been a 400% increase in bankruptcies between 1981 and 1985 with one business closing for every six to seven farm losses.

Ranney cited the Iowa Farm and Rural Life Poll in which 39% of the respondents said they had increased the deductible on their health insurance, 12% had reduced the level of their coverage, and 4% canceled their insurance. According to the Harvard University study "Hunger Counties, 1986," in 1986 the north central and midwest regions had the heaviest concentration of hunger counties in the nation.

In addition, the health care study showed that, of more than 2000 primary care physicians surveyed, 62% reported seeing an increase in stress related problems. Fifty-eight percent reported that patients were presenting problems at later stages than usual and nearly half said that at least weekly they treated a patient whose health was adversely affected by difficulties related to the rural economic situation.

As a result of income loss, rural citizens drop routine physicals and preventive care, and the "end result of this approach to medical care is eventual treatment and often hospitalization for conditions which could have been prevented." The study calls for intervention to ensure that families receive adequate primary care, are able to continue preventive health care practices, and have assistance to address the stress brought about by their circumstances.

Rand D. Conger, Ph.D., Professor of Family and Child Development, Iowa State University, described rural family life during periods of economic hardship. Comparing the current circumstances to the 1930's depression, Dr. Conger said the current farm crisis would be better described as "a chronic decline in the fortunes of many rural Americans." He told the Committee that younger farmers are the ones most at risk for failure, with their children and families bearing enormous costs.

The most recent Iowa Farm and Rural Life Poll, completed in Spring, 1986, to which approximately 1700 active Iowa farmers responded, showed that these families are concerned about economic conditions in general and their own circumstances in particular.

They reported increased levels of personal stress and family tensions: 71% said that the level of stress in their family increased over the past 3 years; almost one-fifth indicated that they experienced a great deal of stress on a day-to-day basis. Twenty-one percent of the respondents felt that there were more disagreements within the marriage. In response to the economic pressures, many farm families adjusted their living styles between 1985 and 1986: nearly three-fourths cut back on social activities; over 50% used savings to meet living expenses; and more than one-fourth reported that they had postponed medical care to save money. Twenty-two percent had a family member take an off-farm job.

Roger W. Hannan, Co-director of the Farm Resource Center based in Cairo, IL, reported that, while farm problems in Illinois are not as severe as other states, there are increasing numbers of families who are in trouble and need assistance. He cited a recent Illinois Department of Agriculture survey showing that 11.2% of the 90,000 farms in the state are in serious financial difficulty. The Farm Resource Center links these farm families to financial, legal, job training and other services that can reduce stress. The program includes a toll-free hotline and statewide outreach workers.

Mr. Hannan also presented the results of a needs assessment (based on 1100 interviews) which showed that, while most respondents felt that resources to deal with increased levels of stress and other problems were well know, most felt that farm families would not make use of them because of denial and pride. In addition, more than three-fourths of the respondents said that they had contact with farmers experiencing great stress, and 34% had contact with those suffering from severe alcohol and/or drug abuse. Dr Harry Cecil, Co-director, Farm Resource Center, Metropolis, IL, decribed several clinical issues which have emerged, including increases in stress and suicide rates. He also noted the resistance of farm families to outside intervention, as well as their physical and cultural isolation.

William Deadmond, Vice President, Iowa-Illinois Health Care Alliance, and Chairperson, Task Force on the Health Care Needs of the Unemployed, Rock Island, IL, reported on a recently completed study of the health care needs of the unemployed in a five-county area in Iowa and Illinois. As a result of the study, he estimates that one out of every four to five persons in the area is directly affected by unemployment, and that the number will grow with the expected closing of two more local plants. Those who are unemployed—particularly those who are unemployed the longest—were shown to be less likely to be insured, to have changed their source of health care, and to be seeking and utilizing health care less frequently. Deadmond also described the need to expand mental health, stress reduction and support group services for the unemployed.

Mari Ann Graham, A.C.S.W., Supervisor, Domestic Violence Advocacy Program, Scott County, IA, and Rock Island County, IL, testified next concerning trends in domestic violence and the influence of unemployment and other stress on spouse abuse. Ms. Graham reported that, while there is not evidence of a direct causal link between unemployment and spousal abuse, it is clear

that unemployment influences abusive behavior, particularly in terms of the severity of the abuse. Data from the service area showed that, from 1981 through 1985, the proportion of unemployed spouse abusers (as a percentage of the abuser population) increased, as did the proportion of unemployed abusers with documented increases in the severity of reported abuse.

Lee Hout, A.C.S.W., C.S.W., Diagnostic and Treatment Services Manger, Council on Children at Risk, described a steady increase in the maltreatment of children in the Quad Cities area, as well as an increase in the number of requests for services. He cited a 400% increase in abuse reports over the past 10 years—from 674 in 1976 to 3,493 in 1985. The Quad Cities, with double-digit unemployment since 1981, has had consistently highter rates of confirmed cases than Iowa or Illinois.

Ann Abel, Director, Job Training Partnership, Danville Area Community College, Danville, IL, concluded the hearing with testimony on the current job training partnership arrangement in East Central Illinois, and its role in addressing the problems of unemployment and the lack of employment opportunities. She described the role of Danville Community College as the focal point for training and retraining efforts. College officials helped organize a new economic development corportation, supported mainly with private sector contributions; gained cooperation of local labor and management to set up an areawide council; and, as the institution of higher education in the area, provided the facilities, staff and reputation necessary to operate programs and get everyone to work together cooperatively. Among the successes reported by the program this year are: the expansion of a local electric industry firm by 100 new employees, 85 of whom were job training participants; filling 11 out of 15 new jobs at the local G.E. plant with job training clients, at wages exceeding $9/hr.; and the training of several dozen welfare recipients, eventually employed as a result of their participation in the program.

CHILDREN AND FAMILIES IN THE MIDWEST: EMPLOYMENT, FAMILY SERVICES AND THE RURAL ECONOMY—FOCUS ON ILLINOIS

Fact Sheet

Unemployment: a growing problem

In 1985, 94 out of the 102 Illinois counties suffered unemployment rates greater than the national annual average of 7.2%. This represents an increase from 1979, when 44 counties had unemployment rates above the national average of 5.8%. (Illinois Department of Employment Security [IL DES], calculated by the Select Committee on Children, Youth, and Families, 1986)

In 1979, 51 counties had unemployment rates greater than the annual state average of 5.5%; this number increased to 82 in 1985, when the state average was 9.0%. (IL DES, calculated by the Select Committee on Children, Youth, and Families, 1986)

In the region encompassing Muscatine and Scott counties in Iowa, and Henry, Mercer, and Rock Island counties in Illinois, the

number of civilian laborers dropped from 187,950 in 1979, to 173,850 in 1985, with unemployment climbing from 4.4% in 1979 to 11.2% in 1985. For example, agricultural implement manufacturers employed 29,800 persons in 1979, but only 15,200 in 1985, a 48.99% decline. (Bi-State Metropolitan Planning Commission, Rock Island, IL, 1986)

Illinois farm income depressed, number of farms declining

In 1974, there were 111,049 farms in Illinois. In 1982, there were 98,843. (U.S. Bureau of the Census, 1986)

Of the 10,500 Illinois farmers who borrowed from the FmHA, about 1,400 received debt notices indicating overdue payments in February 1986. (Farmers Home Administration, 1986)

The average net farm income in Illinois was $24,403 in 1975. In 1982, it dropped dramatically, to $-1,751, then increased to $9,035 in 1985, the highest it has been since 1979. (Illinois Cooperative Crop Reporting Service [IL CCRS], 1986)

In 1983, the average net farm income in western Illinois was $-10,892. The average for eastern Illinois was $19,802. This disparity was slightly reduced in 1985, when the western average increased to $3,188 and the eastern average decreased to $18,930. (IL CCRS, 1986)

Farms in the western and northwestern regions of Illinois had the highest debt-to-asset ratios in the state, the west showing an average debt-to-asset ratio of 35.1% per farm, and the northwest showing an average of 34.9% per farm. The overall state average was 30.8% (Midwest 1986 Farm Finance Report, compiled by Wisconsin Agricultural Reporting Service)

More young children in Illinois confronting greater poverty, health, education risks

Since 1980, there has been a steady increase in the number of children under age 5 in Illinois, while the total number of children and youth in Illinois declined between 1970 and 1984. (M. Testa, E. Lawlor, "The State of the Child: 1985," The Chapin Hall Center for Children, University of Chicago)

1 out of every 5 children in Illinois lived in families with cash incomes below the poverty line in the early 1980's, the highest state child poverty rate in 25 years. ("The State of the Child: 1985")

Despite a constant decrease in the school-age population, 79 out of the 102 counties in Illinois showed an increase in the number of free school lunches served between 1982 and 1985, and 59 counties showed an increase in the number of reduced-price lunches. Of those 79 counties showing an increase in free lunches served, 31 showed a correlating decrease in reduced-price lunches served. (Illinois State Board of Education, calculated by the Select Committee on Children, Youth, and Families, 1986)

In 1983, Illinois had the ninth highest infant mortality rate in the nation—12.4 infant deaths per 1,000 live births, compared with the national rate of 11.2. (Children's Defense Fund [CDF], "Maternal and Child Health Data Book: The Health of America's Children," 1986)

In 1984, there were more than 67,000 reports of child abuse in Illinois, an increase from 1982. (Highlights of Official Child Neglect and Abuse Reporting, 1984)

During the 1983–1984 school year, 28,532 secondary students dropped out of school, an increase from 27,949 in 1982–1983 school year. ("The State of the Child: 1985")

While many Illinois mothers in work force, child care reduced

In 1985, 43% of all Illinois women with children under age 6, and 63% of mothers with children ages 6 to 17 worked outside the home. (CDF, "Child Care: Whose Priority?," 1985)

In 1981, $55,966,100 in state and Federal social services block grant funds were dedicated to child care for low-income children, providing services for 28,100 children. In 1985, the amount declined to $41,160,000, providing services for 17,198 children. (CDF, 1985)

Out-of-home placements for Illinois children rise, but vary across State

6,127 Illinois children (17.2 per 10,000 children) were placed out of their homes in 1983, an increase since 1981. ("The State of the Child: 1985")

For children under age 20 not living in the metropolitan Chicago area, the 1980 rate of placement into publicly supported out-of-home care was 24.5 per 10,000 kids, twice the metropolitan Chicago rate of 12.1. ("The State of the Child: 1985")

Of children living outside the Chicago area, those under the age of 5 were the most likely to experience an out-of-home placement, with a 1980 rate of 33.8 per 10,000 children. ("The State of the Child: 1985")

1 in 3 children in out-of-home placements who were returned by the state to their parents experience a repeat episode of placement in either institutional or foster care. Outside of Cook County (Chicago), of the 3,594 children placed in foster care in 1982, 68% were returned to their homes. Of those returned home, 24.8% (605 children) experienced a second placement outside of the home. ("The State of the Child: 1985")

Summary of Hearing Held Jointly With the Committee on Education and Labor Subcommittee on Employment Opportunities on "Hispanic Children, Youth, and Familes: Changes, Challenges and Employment" Washington, D.C., September 18, 1986

The Select Committee on Children, Youth, and Families held a hearing in conjunction with the Subcommittee on Employment Opportunities of the Committee on Education and Labor, and the Congressional Hispanic Caucus, to explore demographic and economic changes among Hispanic groups, and educational, health, social and employment concerns faced by Hispanic families.

Mayor Xavier Suarez, from Miami, FL, expressed the view that the federal government should continue to provide financial resources to improve and equalize educational opportunities, and minimize other activities. He emphasized federal assistance for elementary and high school education over higher education and suggested federal support for legislation to restore discipline to inner-city schools, increase parental involvement, improve vocatinal training for high school students, and encourage the family work ethic.

Suarez supports legislation to require 16–18 year old school dropouts to have a full-time job, or to take part in a vocational education program. He has established a task force on drug abuse among youth, with the goal of increasing private-sector jobs for youth.

The Committees next heard from several Hispanic youth. Windskey Santiago and Maria Motta, from the Youth Action Program in East Harlem, NY, described their involvement in this youth-governed organization that provides recreational, educational, and job training services for youth.

Santiago, age 17, grew up in East Harlem. Despite high levels of drug abuse, teenage pregnancy, and school failure among neighborhood youth in East Harlem, she has stayed in school, and will pursue a college education due to the support of her parents, as well as her involvement with the Youth Action Program, where she learned leadership skills and developed concern about her community.

Maria Motta, 21, described living in foster care group homes as a young child. At age 14, because of her age, she was returned to her grandmother in Brooklyn, New York, where she was abused and discriminated against in school. She found assistance and support at the Youth Action Program, where she is training for a job in construction. According to Motta, "this program allows me to rebuild the community and provide low-income housing for homeless young adults, as well as making me proud of being Hispanic."

Yvonne Marrero, a 17-year old from Brooklyn, NY, testified that pressures from school, peers and family play a role in drug and alcohol abuse, teenage pregnancy, and in causing youth to drop out

of high school. She discussed the benefits of the bilingual education she received upon arriving in New York at age 11, having spent her childhood in Puerto Rico speaking only Spanish. She urged the committees to consider improving educational alternatives for youth.

Marrero attributes her decision to go to college and study medicine to her involvement with ASPIRA, a national organization committed to developing and nurturing the potential for leadership, intellectual growth, and cultural awareness among Hispanic youth, and to her family's support.

Siobhan Oppenheimer-Nicolau, President of the Hispanic Policy Development Project, NY, released to the Committee new findings from the High School and Beyond Survey, an ongoing survey of what happens to the nation's teenagers during and after high school. The study found that, by 1984, over half of the Hispanics and blacks who were sophomores in 1980 either had not graduated or had graduated at-risk, with grades of mostly "C" or lower; and that poor high school performance correlated with joblessness, teenage parenthood, welfare dependency, and legal infractions.

Regarding employment, ony 8% of graduates were still looking for work in 1984, compared to 17% of the at-risk graduates and 25% of the non-graduates. While 10% of the female sophomores who had graduated had become mothers by 1984, the rate was double (21%) for the at-risk graduates, and 6 times as high (58%) for the non-graduates. In addition, more at-risk graduates (7%) and non-graduates (12%) experienced trouble with the law, compared with 3% of the graduates. Nine times more (18%) female non-graduates were on welfare, than graduates. Hispanics were more likely than blacks or whites to be married and working for pay, but were least likely to be taking academic courses.

In light of these findings, Nicolau recommended improvements in the school systems, expansion of employment opportunities through increased college enrollment, and greater attention to the special employment needs of young women with children, including access to child care.

Robert Greenstein, Director of the Center on Budget and Policy Priorities, Washington, DC, described the extent of poverty among Hispanics in the United States, using the latest Census data. In 1985, 2 of every 5 Hispanic children (39.9%) lived in poverty, and the number of all Hispanic Americans living in poverty climbed to 5.2 million, each figure representing the highest level ever recorded. According to Greenstein, if current poverty trends continue, Hispanics will replace blacks as the ethnic group with the highest poverty rate in the United States.

Greenstein also testified that Hispanic family income fell from $19,505 in 1984 to $19,027 in 1985 after adjusting for inflation, and has fallen more than $2,000 since 1973. Also, it appears that more Hispanics have been pushed into poverty by jobs that pay below poverty-level wages than blacks or whites. In 1985, one of every 15 Hispanics who worked full time, year-round was poor.

Julio Barreto, Director of the National Puerto Rican Forum, Washington, DC, which operates employment and training programs in six cities, reported on the findings of a study which NPRC conducted with the National Committee for Full Employment. The

unemployment rate among Puerto Rican Americans is 13.4%, higher than that for Mexican-Americans and Cuban-Americans. A lower percentage of Puerto Rican youth (22%) were employed than any other youth population group. Hispanic men earn only 71.2¢ for every dollar earned by white males; Hispanic women only 54.4¢.

Barreto cited other findings from the study. In 1985, 41.9% of Puerto Rican Americans were poor, while 74.4% of households headed by Puerto Rican females were poor. While the national drop-out rate for Puerto Rican Americans and Mexican Americans is 40%, in some cities an estimated 80% of Puerto Rican youth are dropouts; and although 55% of Puerto Rican American youth were academically eligible to attend college in 1980, only 25% enrolled, and, or those, only 25% graduated. According to Barreto, these statistics, coupled with dramatic increases in the Puerto Rican population, indicate that there is "a growing, young population that may never have the opportunities to escape the cycle of poverty."

Eric J. Arroyo testified next. He is Director of Planning/Special Assistant to the President of the Wildcat Service Corporation, NY, the nation's oldest and largest supported-work program.

Arroyo described the Wildcat Service Corporation as a model program providing supported work experiences, training, vocational and other counseling for welfare recipients, former addicts and alcoholics, ex-offenders, and high school dropouts. Funding comes from government grants, private grants, welfare diversion, and fees for services. Employers are eligible for tax credits if they hire Wildcat workers permanently. Fifty-five percent of ex-offenders and 70% of welfare mothers are placed.

Regarding the employment needs of the Puerto Rican population, who are concentrated in occupations with the lowest pay and status, Arroyo recommended a national employment policy, enforcement of equal employment laws, affirmative action plans, funds from industry and government for job training, career counseling, basic literacy and English language instruction, tax write-offs for social-corporate responsibility programs, and expanded linkages between corporations and the public schools.

Stephen Denlinger, representing the Latin American Manufacturers Association, Washington, DC, described some of the successes of federal minority business programs. Revenues generated by minority business programs will sustain and create 100,000 jobs this year, soon to reach 200,000 jobs. Since minority businesses tend to hire minorities, this could mean an estimated 100,000 minority jobs and $1 billion in salaries.

Jane L. Delgado, President, National Coalition of Hispanic Health and Human Service Organizations (COSSMHO), Washington, DC, provided an overview of health conditions, and barriers to health care in the Hispanic community. COSSMHO funds Hispanic health research, and health promotion programs, teenage pregnancy prevention through the Concerned Parents Program, AIDS education, youth services, and abuse prevention.

Delgado summarized Hispanics health concerns including: high exposure to alcohol, drugs, smoking and obesity; limited knowledge of preventive measures such as screening for cancer or hypertension; less frequent coverage by private insurance or Medicaid, and

less frequent prenatal care in the first stages of pregnancy than other groups. In the Southwest, diabetes is 3 to 5 times more prevalent among Hispanics, and 22% of the pediatric cases of AIDS are Hispanic.

Delgado recommended funds be provided for: a continued analysis of data from the Hispanic Health and Nutrition Examination Survey; and Hispanic-focused AIDS and diabetes education programs. She recommended a reduction in tobacco advertising targeted on Hispanic youth and, given that the Hispanic community has the highest fertility rate of any group in the country and a teen pregnancy rate of over 20%, she recommended that the federal Maternal and Child Health SPRANS program focus greater attention on this population.

Carmen Beatriz Bernal is co-chair and founder of Hispanics for Social Justice, El Cajon, CA, an organization which assists new immigrants in finding housing, health care, employment, and placement for children in strictly English-speaking schools. Their efforts include returning undocumented Hispanics to their place of origin. Bernal recommended that the federal government withdraw from any activities related to population control.

Maria Luisa Garza is Chief Executive Officer of the Gulf Coast Council of La Raza, Corpus Christi, TX, which administers social service programs for disadvantaged youth and their families. A 1980 needs assessment, conducted by Garza in Corpus Christi, revealed that services were lacking in drug abuse prevention, teenage pregnancy, employment and training for handicapped youth, academic and counseling assistance to school dropouts, and in service such as shelters and counseling for runaway youth and their families.

Her agency now provides some of these services. Their runaway youth shelter reconciles 86% of the runaway youth with their families. The training program for handicapped youth has assisted many of them in finding gainful employment. An evaluation of their program for pregnant teens shows that those who received counseling, health, education, vocational training, and employment assistance, excel in academic achievement, ability to plan a family, and in becoming self-sufficient compared to a group who received no services. Funding cuts currently threaten their programs.

Gloria Barajas is the National President of the Mexican American Women's National Association (MANA), an organization dedicated to promoting leadership and socio-economic and educational advancement for Mexican-American and other Hispanic women. Their concerns include pay equity for Mexican-American and Puerto Rican women who are the lowest paid workers in the country, high adolescent pregnancy rates, and increasing numbers of children in poverty in the Hispanic community.

She described one of their major projects, a national higher education scholarship fund for Hispanic women. She concluded by recommending that support and attention must be paid to the younger, minority groups who will increasingly be facing the burden of providing the tax base from which traditional social services are provided.

Fact Sheet

Hispanic population in U.S. continues to grow

In March 1985, there were 16.9 million persons of Spanish origin in the United States, an increase of 2.3 million (16%) in 6 years. The Spanish-origin population comprised approximately 10.3 million persons of Mexican origin, 2.6 million of Puerto Rican origin, 1.0 million of Cuban origin, 1.7 million of Central or South American origin, and 1.4 million of other Spanish origin. (Bureau of the Census, [Census], April and December 1985)

The biggest jump in Hispanic population occurred between 1970 and 1980. While the Nation's population increased by 11.5% during this period, the Hispanic population increased by 61%. The biggest increase was among Mexican Americans, who nearly doubled their population during the 1970's. (Census, April 1985)

By the year 2000, Hispanics are expected to increase from 7.2% (1985) to between 8.6% and 9.9% of the U.S. population. The lower estimate projects a total of 23.1 million Hispanics. (National Council of La Raza [La Raza], 1986)

In 1980, nearly two-thirds of the nation's Hispanics lived in California, New York, and Texas. New York City, Los Angeles, Chicago, and San Antonio were home to 21% of all Hispanics. (Census, April 1985)

In March 1985, there were 3.9 million Hispanic families in the U.S.: 72% were married-couple families; 23% were families maintained by women with no husband present. By Hispanic group, 16% of Cuban families, 18.6% of Mexican, 21.9% of Central or South American, and 44% of Puerto Rican families were maintained by women with no husband present. (Census, 1985)

The median age of Hispanics in 1985 was 25.0 years, up from 23.2 years in 1980. The median age varied considerably among subgroups: the Mexican-American (23.3) and Puerto Rican (24.3) groups had the youngest median ages, while the Cubans (39.1) had the oldest median age. (Census, 1985)

In 1980, over 11 million persons, or 5% of the population, reported that they spoke Spanish in the home. Of these, about one-fourth reported that they did not speak English well, or at all. (Census, 1983)

Poverty reaches record level for Hispanics, including children

In 1985, the number of Hispanics in poverty reached 5.2 million (29%), the largest number ever recorded for Hispanics. (Center on Budget and Policy Priorities [CBPR], 1986)

Two out of every 5 Hispanic children lived in poverty in 1985, the highest poverty rate ever recorded for Hispanic children. This represents nearly 40% (2.6 million) of all Hispanic children under age 18. (CBPR, 1986)

Seventeen percent of Hispanic married couples are poor, and 53.1% of Hispanic female-headed families are poor. (CBPR, 1986)

Between 1984 and 1985, the income of a typical Hispanic family fell to $19,027, a nearly $500 decrease. Since 1973, the percentage of family income lost by Hispanic families is 100% greater than the

percentage of family income lost by white or black families. (CBPR, 1986)

One out of every 15 Hispanics who worked full-time, year-round was poor in 1985. (CBPR, 1986)

The increase in poverty and decline in income were steepest for Hispanics in the South and West. (CBPR, 1986)

It is projected that Hispanics will pass blacks in the next few years as the ethnic group with the highest poverty rate in the nation. (CBPR, 1986)

Hispanic employment rises, but unemployment still reality for many

In March 1985, approximately 7.4 million Hispanics 16 years old and over were in the labor force. Hispanic employment overall rose by 25% over the 5-year period 1980–85, compared to increase of about 7% for whites, and 13% for blacks. (Census, 1985; Bureau of Labor Statistics [BLS], 1986)

The proportion of Hispanic women in the labor force jumped from 41% in 1973 to 49% in 1982, consistent with the trend for non-Hispanic women. (Census, 1985)

In April 1986, 30% of the Hispanic student population ages 16–24 was employed compared to 44% of whites and 22% of blacks. Among non-students, ages 16–24, about 75% of Hispanics were employed. The lowest unemployment rate for drop-outs was among Hispanics (18.5%) followed by whites (21.1%) and blacks (46%). (BLS, 1986)

In March 1985, the unemployment rate was 11.3% for Hispanics, and 7.4% for non-Hispanics. Puerto Ricans suffered the highest unemployment rate among all Hispanic groups, 14.3%, while the unemployment rate was 11.9% for Mexicans, 9.3% for persons of Central or South American origin, and 6.8% for Cubans. (Census, 1985)

In March 1985, 11.6% of employed Hispanic males and 12.6% of Hispanic females were in managerial and professional occupations, compared to 26.2% of employed non-Hispanic males, and 24.4% of employed non-Hispanic females. (Census, December 1985)

Educational attainment for Hispanics remains low

More than 50% of all Hispanic adults are functionally illiterate, a higher rate than among blacks (44%) or whites (16%). (La Raza, 1986)

The proportion of high school graduates among Hispanics 25 years and older in 1985 was 48%, compared to 76% for non-Hispanics. Only 8% of Hispanics in this age group had completed 4 years of college or more, compared with 20% for non-Hispanics. Among different Hispanic groups, 42% of Mexicans, 46% of Puerto Ricans, and 51% of Cubans had completed high school, while 63% of persons of Central and South American origin had achieved this educational level. (Census, 1985)

More Hispanic youngsters drop out of school than others, and they also drop out earlier than others; 40% of Hispanic dropouts leave high school by the spring semester of their sophomore year. (La Raza, 1986)

In 1984, Mexican (20.5%) and Puerto Rican (23.2%) teen mothers under age 20 were much less likely than Cubans (37.4%), blacks

(36.0%) and whites (41.4%) to have completed high school. (Unpublished, National Center for Health Statistics [NCHS]*

Enrollment below grade level is disproportionately high among Hispanic students. About 1 of every 4 Hispanics in grades 1 through 4 is already below grade level, as are 40% of Hispanic Students in grades 5 through 8, 43% in grades 9 through 10, and 35% in grades 11 through 12. (La Raza, 1986)

In the 1985–86 school year, 4.2% of enrollees in higher education institutions were Hispanic. Most of these enrolled attended public institutions. (U.S. Department of Education, Center for Statistics, Digest of Education Statistics, 1985–86)

Hispanics comprise only a small fraction of the teaching force: 2.6% of elementary school teachers and 1.7% of secondary school teachers, compared to 85% and 90% for whites and 12% and 8% for blacks, respectively. (La Raza, 1986)

Hispanics lack access to health care

Based on 1979–81 data, the Hispanic infant mortality rate (10.9 per 1000 live births) ranks close to the non-Hispanic white infant mortality rate (10.5/1000), but significantly lower than the non-Hispanic black rate (20.8/1000). The infant mortality rate for Mexicans was 11.3, and for Puerto Ricans, 11.4. (Unpublished, [NCHS]*)

In 1984, the percent of low birthweight infants among Mexicans (5.7%) and Cubans (5.9%) was lower then the non-Hispanic rate of 6.9%, and only slightly higher than the non-Hispanic white rate of 5.5%. Among Hispanic groups, Puerto Ricans had the highest low birthweight rate (8.9%). (NCHS*)

Infants born to Mexican mothers have particularly low levels of low birthweight. Mexican women are far less likely to have smoked during pregnancy than white non-Hispanic women, 10% compared with 27%, which may account for some of the differential. Other factors may include an emphasis on nutrition and mothers' country of birth. (Ventura and Taffel, 1985)

The percentage of Hispanic women receiving late or no prenatal care increased from 1981 to 1984 for all ethnic groups except Cuban women. For Mexican women, the percentage receiving late or no prenatal care increased from 11.6% in 1981 to 13.0% in 1984, and for Puerto Rican women, from 15.8% to 16.3%. Among all ethnic groups, Puerto Rican women are the least likely to receive early prenatal care. (NCHS*)

Puerto Rican and Mexican American teenagers were more likely to receive late or no prenatal care than other ethnic groups, or any age group. In 1984, 22.8% of Puerto Rican teenagers, and 18.8% of Mexican American teenagers, received late or no prenatal care. This compares to the rate among black teens of 14.8%, among white teens, 10.1%, and among Cuban teens, 8.2%. (NCHS*)

One-fifth of the Hispanic families interviewed in a 1982 national survey had one or more significant problems in obtaining needed health services, including dissatisfaction with services, problems in

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* Unpublished data from the Natality Statistics Branch and Mortality Statistics Branch, Division of Vital Statistics, National Center for Health Statistics. NOTE: Birth figures are based on data for 22 States, (accounting for 90% of the Hispanic population in 1980), which reported Hispanic origin of the mother on the birth certificate. Infant mortality rates are for 15 States, accounting for about 45% of the Hispanic population in 1980.

obtaining health insurance, and problems in financing care for serious illness and emergencies. (Anderson, Giachello, Aday, 1986).

In 1983, 30% of the Mexican American population was uninsured compared with 9% for white non-Hispanics and 12% for the total U.S. population. In addition, approximately 20% of black non-Hispanics, Cuban Americans, and Puerto Ricans were uninsured. When family income was taken into account, Mexican Americans were still the least likely to have health insurance coverage. (Trevino, and Moss, 1983)

Summary of Full Committee Hearing on "Children in State Care: Ensuring Their Protection and Support" Washington, D.C., September 25, 1986

On September 25, 1986, the Select Committee on Children, Youth, and Families held a hearing on the problems of children in the custody of the state, including children in foster care, as well as in the juvenile justice and mental health systems. The hearing was conducted to explore issues such as the reinstitutionalization of youth, (both delinquent offenders and non-offenders), violence and abuse in youth facilities, shortages in services for institutionalized children, inadequate community-based services, and children's placements in institutions that, for various reasons, are unmonitored.

Mark Soler, Executive Director, Youth Law Center, San Francisco, CA, began the first panel. Mr. Soler described the Center's work on behalf of children in more than 40 states. The Center has been engaged in litigation to remove children from adult jails where, left unsupervised, some have committed suicide, or been beaten, raped or otherwise abused by other inmates, or their jailers. Other cases involve children in states training schools who have, as punishment, been placed in strait jackets and hung upside down by their ankles, or left in roach infested isolation cells for weeks. Other cases involve children in private educational facilities who have been locked in closets, or thrown against walls.

Mr. Soler told the Committee that conditions for children in some state foster care systems are similarly abusive. In San Francisco, for example, an investigation of eight deaths of children in foster care in the past two years attributed six of the deaths, in part, to improper handling by the city's Department of Social Services.

Mr. Soler stated that a failure of leadership at the federal level, in both juvenile justice and child welfare, has contributed to the abuse of children in state care settings. Failure to monitor state compliance with the provisions of the Juvenile Justice and Delinquency Prevention Act of 1974 (P.L. 93-415), and to promulgate meaningful regulations under the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), has resulted in flagrant violations of federal protections for children.

The Committee heard next from Diane Shust, Senior Supervisory Attorney, Juvenile Services Program, The Public Defender Service, Washington, DC. Ms. Shust, who represents children in the District of Columbia's juvenile justice system, told Members that the childen she represents are caught in a system in which they, ". . . are seldem treated fairly, the goal of rehabilitation (is) rarely realized, and where (they) often leave worse than upon entering because they have received no services or inadequate services." Ms. Shust described a lawsuit brought by the Public Defender Service against

the District government which alleged that facilities lack appropriate: education, special education, and vocational training services; medical, psychological, and psychiatric services; and sufficient qualified staff or staff training. The District settled in July 1986, agreeing to remedy the problems identified by the plaintiffs.

Diane Weinroth, Member of the Steering Committee of the Child Advocacy and Protection Committee of the Bar Association of the District of Columbia, testified next. Ms. Weinroth represents children in the District of Columbia's "neglect" system. The experience, she said, is one of, ". . . constant, grinding inattention to and mistreatment of children by an insensitive, lethargic, and often overburdened social services bureaucracy that has little or nothing to offer the children that it is responsible for." She also noted that a great deal of money, $8,200 a year for a foster home and up to $90,000 for a residential placement, is spent on keeping families and children apart, while very little is spent on keeping families together.

Patricia Hanges, Volunteer Youth Advocate, Francis House, Baltimore, MD, described the conditions of children and youth committed to the Montrose School in Maryland, where she is a lay volunteer with the Franciscan Sisters. She said the facility is badly overcrowded, with children sleeping on mattresses in the gym. Children are sent to isolation rooms for minor infractions, where they have frequently attempted suicide. She said they are not allowed to call home, their mail is censored, they are not allowed to speak during meals, and are subject to verbal abuse and intimidation by staff. The staff ratio is 2 to 38 children. The requirement for a staff position is a GED.

Ms. Hanges has worked to relieve these conditions, with some success. Her adavocacy led to a study of the facility by the Maryland Department of Health and Mental Hygiene which found that a majority of the children there have emotional problems or are mentally ill, and that 50% did not need institutionalization.

Ms. Hanges stressed the need to train staff in child development and child care methods. She urged redirection of costly resources from institutions to community-based progams that are family focused.

The final witness on the first panel was Judy Guttridge, a mother from Baltimore, MD. Mrs. Guttridge described her son Jimmy's suicide, at age 13, while in an isolation room at Montrose School. Jimmy was a hyperactive child, on medication, and difficult to handle. As he grew older he began to get into trouble with the police for trespassing and other minor infractions. Mrs. Guttridge sought help for Jimmy from juvenile justice authorities, but was told help would not be available until Jimmy got into serious trouble. Eventually, at age 12, Jimmy was arrested and sent to Montrose for snatching a purse. Mrs. Guttridge visited her son weekly and was appalled by the prison-like atmosphere, with locked doors, very limited recreation facilities, and very restricted family contact. She tried to complain about limited visiting hours, and later about abusive treatment of her son by staff, but said she was told he "belonged to the state." After Jimmy hung himself and was taken to the hospital where he later died, Mrs. Guttridge said she

felt as though the state gave her son back to her only when he was dying.

The second panel was led by William Aldrich, Audit Manager, Office of the Auditor General, State of California. Mr. Aldrich discussed the findings of a recent report by the California Auditor General's Office, "California Needs Better Control Over the Out-of-State Placement of Delinquent Minors." The study focused on an Arizona based, private, for-profit alternative program for delinquents called VisionQuest. The investigators found that, contrary to state law, over $12.5 million in state and county AFDC-foster Care monies had been spent for California minors placed at VisionQuest, while VisionQuest facilities—wilderness camps and wagon trains—were unlicensed. In addiiton, four minors who had passed their 18th birthday, and for whom AFDC-FC monies were being spent, were not receiving an appropriate, full-time education or vocation program, required by laws governing AFDC-FC expenditures.

Mr. Aldrich stated that he believed no federal funds were involved in the VisionQuest placements, since federal law prohibits use of federal funds for for-profit providers. The report recommended that the California Department of Social Services discontinue funding for non-licensed facilities, and establish guidelines for monitoring out-of-state facilities. The Auditor General's Office is awaiting reply from the Department of Social Services.

The Committee heard next from Robert Burton, President and Chairman of the Board, VisionQuest, Tuscon, AZ. Mr. Burton described the VisionQuest program, which he founded. He said the private, for-profit program is an alternative to state institutional care for seriously troubled adolescents. In 13 years of operation across several states, VisionQuest has served nearly 4,000 children, most of whom, Mr. Burton stated, have been delinquents with an average of 14 prior police contacts and 5 prior placements.

The core of the program, according to Mr. Burton, consists of a wilderness experience on a wagon train, or in a camp setting; on a long-distance bicycle trip, or on an ocean-going vessel. Staff live with their charges for 5 days. Children are required to perform duties which enhance the group's viability in the wilderness experience. Mr. Burton stated that the children attend school, but said the schools on the wagon trains are not accredited. Mr. Burton also stated that the program focuses on assisting children in expressing and finding solutions to problems they have with their families, and living in the group experience. He said a study of VisionQuest, which will be released shortly by the Rand Corporation, will show that graduates of the program have lower arrest rates than a comparable group of delinquents placed in a California Youth Authority probation camp.

Nellie Hutchinson, Director of the Governor's Commission on Children and Youth, Jackson, MS, described another instance of children placed in unlicensed settings. She told the Committee that Mississippi has the weakest law in the U.S. regarding residential child care placements. Passed in 1972, the law gives the Department of Public Welfare authority to license and set standards for residential care facilities, but there is no penalty for non-compliance, and there is an exemption for homes sponsored by religious

or fraternal organizations. In 1978, following allegations of abuse in some of the exempted, unlicesned homes by children who ran away from them, child advocates and state authorities began an effort to repeal the exemption. Thus far, however, advocates for separation of church and state have successfully stopped their efforts, despite mounting evidence from court cases that some children in the homes are abused, live in unsafe and unsanitary conditions, and are prevented from all contact with the outside world.

The panel concluded with Michael Woodruff, Esq., Director, Center for Law and Religious Freedom, Christian Legal Society, Merrifield, VA. Mr. Woodruff's concerns focus on whether the state has a right to prohibit a religious facility which serves children from operating unless it obtains a license. He cited traditional constitutional protections for religious facilities, and said the only compelling interests that would allow a state to intervene would include, ". . . compliance with the state or local health code, compliance with building and fire codes, and compliance with criminal laws, such as laws against child abuse." He noted that the state, on the other hand, has a right not to place children who are in its care in facilities that are not licensed, but said they often do so, if they meet the needs of children, because there is a shortage of child caring facilities and institutions.

The last panel began with Peter Schneider, Project Director and National Coordinator, "Restitution, Education, Special Training, Technical Assistance" (RESTTA), Bethesda, MD. Mr. Schneider described the RESTTA project as an alternative to incarceration for delinquent youth, who must compensate their victims with money or by performing services. Restitution is designed to fit the crime committed, and is often also accompanied by probation. Mr. Schneider testified that results of several experimentally designed studies of restitution projects show that offenders commit the same or fewer crimes following restitution than incarcerated offenders. Mr. Schneider stated that the study results indicate that restitution projects are cost-effective, since they are far less expensive than incarcerating youthful offenders.

The Committee heard next from April Kerr, Assistant Executive Director, Council for Retarded Citizens, Jefferson County, Louisville, KY. Ms. Kerr described the case of a severely handicapped infant born to a 17-year-old single parent. The infant had been placed in a foster care home due to alleged neglect by his mother. Nine years later, the mother regained custody of her son after suing Kentucky for severe neglect, because the child weighed only 17 pounds. Ms. Kerr told the Committee about the community services, arranged by the Council for Retarded Citizens, which enabled the boy's mother to assume custody. She said the services, which include in-home respite care, a special school program, an in-home support worker, and adaptive durable medical equipment, are relatively routine services which could be made available to enable other handicapped children to be removed from state care and placed in permanent family settings.

Ms. Kerr was followed by Lenore Behar, Chief of Child Mental Health Services, North Carolina Division of Mental Health, Mental Retardation, and Substance Abuse Services, Raleigh, NC. Ms. Behar described the *Willie M.* case, a class action brought against

North Carolina in 1979, on behalf of children in juvenile justice and mental health institutions who had been incarcerated without the appropriate treatment and education services required under federal and state laws. The state agreed to settle, and to provide services in the least restrictive environment on an individualized basis with the mental health division as the lead agency. The agency identified 42 possible program components, assessed the needs of each of the 1,200 members of the class, and "wrapped" the appropriate program components around each child using a case management service model. The state appropriated $26 million to fund the settlement, providing in the process $22,000 per child. Ms. Behar stated that this expenditure was much less than the cost of institutionalizing these children, most of whom had very serious assaultive behavior patterns as well as emotional disorders.

Today, most of the previously institutionalized *Willie M.* class members are living in the community, many in their own homes. Others have received services which have helped prevent their reinstitutionalization. She said the *Willie M.* agreement now serves as a model for other states.

The final witness was Jeff Rosenberg, Director of Public Policy, National Committee for Adoption. Mr. Rosenberg told the Committee that there is no federal requirement to report the numbers of children in foster care, or the number who have been adopted. He said the current system of data collection is voluntary and provides, at best, only rough estimates. He urged support for legislation to require federal reporting mandates. Mr. Rosenberg also urged public funding for services provided by private, non-profit adoption agencies for children in public care, as well as for collaborative relationships between such agencies and states. He also recommended that the Committee examine the fiscal incentives that exist in some localities which discourage adoption by providing agencies with higher reimbursement for foster care than adoption services.

CHILDREN IN STATE CARE

Fact Sheet

After decline, number of foster care children increasing

In 1977, an estimated 500,000 children were in foster care, dropping to 269,000 by 1983. In 1984, the number of children in foster care rose to 276,000—a 2.6% increase. (Department of Health and Human Services [DHHS], August 1986)

State foster care trends between 1980 and 1984 varied widely. 22 states showed an increase, while in 29 states the number of children in foster care decreased. For example:

Increases: California (40%); Arkansas (38%); Illinois (26%).

Decreases: New York (−36%); Florida (−35%); District of Columbia (−21%). (DHHS, August 1986)

In California, the number of children placed monthly in emergency shelter care increased from 560 in 1981 to 3,280 children in 1985. 40% of the children were "re-placement" children for whom a foster care placement has failed. (Children's Research Institute of California, 1985; California Children's Lobby, August 1986)

Despite declining youth population, youth detentions increasing

A one day count of children in public and private detention and correctional facilities indicates that there has been an 11% increase from 1979 (74,113) to 1983 (82,272). Preliminary estimates for 1985 indicate an additional increase of 3-4% (up to 83,000). (Bureau of Justice Statistics, (BJS), U.S. Department of Justice, August 1986)

The total number of such facilities increased 13%. (BJS, September 1986)

A one day count of jail inmates showed that the number of juveniles incarcerated increased 8%—from 1,611 to 1,736—between 1978 and 1983, but declined 15%—from 1,736 to 1,482—between 1983 and 1984. (BJS, May 1986)

It is estimated that 300,000 to 479,000 juveniles are locked in adult jails throughout the United States annually. (Government Accounting Office [GAO], 1984; Department of Justice, 1985)

Reinstitutionalization of youth

The number of children in private facilities increased 9% in 1985. Nearly half of this increase (from 5,000 to 7,400) was for children in long-term, secure institutional care facilities. (BJS, August 1986)

Fewer adolescents in youth facilities, more in mental health institutions

Nationwide, the number of children and youth in facilities caring for dependent and neglected children declined 59% between 1966 and 1981—from 60,459 to 24,712—while the number of children and youth in facilities for mentally ill and emotionally disturbed children increased 57%—from 21,904 to 34,495. (GAO, 1985)

In Minnesota, the rate of psychiatric admissions for juveniles has increased from 91 per 100,000 admissions in 1976, to 184 per 100,000 in 1983. The proportion of juveniles receiving inpatient treatment for chemical dependency increased from 17% in 1978 to 23% in 1982. (Schwartz, Jackson-Beek, and Anderson, "Crime and Delinquency," July 1984)

Between 1980 and 1984, admissions of adolescents to private psychiatric hospitals increased an estimated 450%—from 10,764 to 48,375. (National Association of Private Psychiatric Hospitals, 1985)

Thousands of children held in jails, detention inappropriately

Of the children held in adult jails annually, approximately 10% are held for serious offenses; 20% for "status offenses" such as underage drinking, sexual promiscuity, or running away; and 4% (over 19,000) without having committed an offense of any sort. (BJS, February 1985)

Over 9% of jailed juveniles are 13 years old or younger. (BJS, February 1985)

In 1984, in California, 11,249 children were incarcerated in jails and police lockups for periods of six hours or more. (California Youth Authority [CYA])

California's Long Beach jail, where 2,233 youths were held in 1984, also housed abused and neglected children, bringing the total

detained annually in that jail alone to approximately 4,500. (CYA; Deputy Police Chief, William Stovall, Long Beach, California)

A 1986 study of children, aged 10–15 (boys) and 10–17 (girls), at Montrose School, a juvenile detention and commitment facility in Maryland, found that 72% were committed for non-violent crimes—44% of these were committed for violation of probation. The children were found to have multiple problems, including 72% with a primary diagnosis of emotional disorder, especially depression, while 53% were hyperactive, and 70% had a substance abuse problem. The study determined that at least 50% of the youth did not need institutional care. (Maryland Department of Health and Mental Hygiene, September 1986)

The suicide rate of juveniles in adult jails is eight times greater than that of juveniles in juvenile detention centers. (Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, February 1985)

LIST OF WITNESSES AND THOSE WHO SUBMITTED TESTIMONY FOR THE RECORD, 1986

NATIVE AMERICAN CHILDREN, YOUTH, AND FAMILIES IN THE NORTHWEST, JANUARY 7, 1986

*Ayer, Sharon, Social Worker, Nooksack Tribe, Deming, WA
*Bentz, Marilyn, Ph.D., Assistant Professor of Anthropology and Director, American Indian Studies Center, University of Washington, Seattle, WA
*Burke, William H., Community Development Commission, Confederated Tribes of the Umatilla Reservation, Pendleton, OR
*Cross, Terry L., Director, Northwest Indian Child Welfare Institute, Portland, OR
*Goslin, Jan, Social Worker, Bureau of Indian Affairs, Olympic Peninsula, Agency, Hoquian, WA
*Hayward, Janelle, Indian Street Youth Community Classroom Project, Seattle, WA
*Ice, Lea, Indian Street Youth Community Classroom Project, Seattle, WA
*King, Eloise, Director, Child Welfare Services, Colville Confederated Tribes, State of WA
*Lopeman, Janice, Community Board Coordinator, Squaxin Island Tribe, State of WA
*Mitchell, Bernice, Tribal Council Member, Warm Springs, OR
*Murillo, Nancy E., Director, Tribal Health and Human Service Department, Shoshone-Bannock Tribes, Fort Hall, ID
*Navarro, John, Tero Training Director, Council on Tribal Employment Rights, Seattle, WA
*Olson, Donna, Employment and Training Branch Manager, Nez Perce Tribe, ID
*Peters, Cheryl Henderson, Project Coordinator, Skokomish Sexual Abuse Prevention and Treatment Project, Skokomish Tribe, State of WA
*Peterson, Gary W., Director, South Puget Intertribal Planning Agency, Shelton, WA
*Peterson, Lucy, Member, Skokomish Indian Tribe
*Sahme, Sylvester, Director, Allied Health Office and Health Planner, Confederated Tribes of Warm Springs, OR
*Sampson, Melvin R., Chairman, Yakima Tribal Council, Confederated Tribes and Bands, Yakima Indian Nation, Toppenish, WA
*Shaffer-Peterson, Lucy, Vice-Chairperson, Skokmish Tribe, State of WA
*Slickpoo, Sr., Allen, Secretary, Nez Perce Tribal Executive Committee, Lapwai, ID

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* Testified before the Select Committee.

*Starr, Diane, Houseparent, Muckleshoot Youth Home, Auburn, WA
*Starr, Marie, Director, Muckleshoot Youth Home, Auburn, WA
Tulalip Tribes of Washington
*Verzola, Woody, Director, Indian Street Youth Program, Seattle, WA
*Walks-on-Top, Lynne, Economic Development Planner, Spokane Tribe, State of WA
*Whitebear, Bernie, Executive Director, United Indians of All Tribes Foundation, Seattle, WA
*Whiteford, Jeannette E., Chief Judge, Coeur D'Alene Tribe, ID
*Williams, Tessie, Community Health Representative, Confederated Tribes of the Umatilla Reservation, State of OR
*Youckton, Percy, Chairman, Confederated Tribes of the Chehalis Reservation, Oakville, WA

NATIVE AMERICAN CHILDREN, YOUTH, AND FAMILIES IN THE SOUTHWEST, JANUARY 9, 1986

Austin, Norman, Council President, Ft. McDowell Mohave-Apache Indian Community, Fountain Hills, AZ
*Bigpond, Phyllis J., Executive Director, Phoenix Urban Indian Center, Inc., Phoenix, AZ
Bluebird, Jean P., LPN, WIC Director, Ute Tribe WIC Program, Ft. Duchesne, UT
*Cuch, Forrest S., Education Division Head, Ute Indian Tribe of the Unitah and Ouray Reservaton, Fort Duchesne, UT
Emerson, Gloria J., Director, Navajo Field Office, Save the Children Federation
*Fernandez, Mona Polacca, Administrative Director for Behavioral Services, Colorado River Tribes, Parka, AZ
Hale, Albert, Assistant Attorney General, Department of Justice, Window Rock, AZ
Keal, Michele R., Executive Director, Parents Anonymous, Phoenix, AZ
*Lewis, Robert, Director, Tribal Social Services, Salt River Indian Community, Scottsdale, AZ; and Covenor, Social Service Working Group, Arizona Intertribal Council
*Rusch, Lynn Jeanne, WIC Director, Gila River Indian Community, Sacaton, AZ
Sharp, Polly, Human Service Coordinator, Inter Tribal Council of Arizona, Inc.
Stevens, Thomas, Colorado River Indian Tribes
The Navajo Nation, Mavajo Division of Education, Window Rock, AZ
*White, Hon. Thomas R., Lieutenant Governor of the Gila River Indian Community, Scanton, AZ
Yazzie, Wilfred D., Executive Director, the Navajo Tribe, Division of Social Welfare, Window Rock, AZ

NATIVE AMERICAN CHILDREN, YOUTH, AND FAMILIES IN THE SOUTHWEST, JANUARY 10, 1986

Baker, Chris A., Chairman, Southern Ute Indian Tribal council, Ignacio, CO

Bird, Rev. Henry L., Socorro, NM, Episcopal Diocese of the Rio Grande, Urban Indian Ministry
*Bronson, Melinda, Director, Tribal Social Services, Ute Mountain Ute Tribe, Towaoc, CO
*Cohoe, Bennie, Executive Director, Ramah Navajo School Board, Inc., Pine Hill, NM
Davis, Sally, M.Ed., Instructor and Director, Community School-Health, Department of Pediatrics, University of New Mexico, Albuquerque, NM
DeVaney, Joyce, MPH Adolescent Health, New Mexico Health and Environment Department, Health Services Division, Santa Fe, NM
Dodd, Dottie, Prevention Coordinator, Southern Ute Community Action Programs, Alcoholism Center, Ignacio, CO
*Estevan, William, First Lieutenant Governor, Pueblo De Acoma, Acomita, NM
French, Roy, Principal, Taos Day School, Taos, NM
*Hernandez, Francisca, Executive Director, Albuquerque Area Indian Health Board, Albuquerque, NM
Hunt, Ken, B.S., Instructor, School-based Adolescent Health Programs, Department of Pediatrics, University of New Mexico, Albuquerque, NM
Kitzes, Judith A., M.D., MPH, and Berger, Lawrence R., M.D., MPH
*Martorelli, Toni, Director, Governor's Office on Children and Youth, Santa Fe, NM
*May, Philip, Ph.D., Associate Professor of Sociology, Unversity of New Mexico, Albuquerque, NM; former director, National Indian Fetal Alcohol Syndrome Prevention Program, Albuquerque, NM
*Monte, Danielle, (age 13) Drug Buster, Southern Ute Tribe, Ignacio, CO
*Paytiamo, Stanley, Governor of the Pueblo of Acoma, Acomita, NM
*Pena, Gilbert, Chairman, All Indian Pueblo Council, Albuquerque, NM; and Member, Nambe Pueblo
*Porter, Ona Lee, Director, Planning and Community Development, Albuquerque Area Indian Board, Inc., Albuquerque, NM
*Rael, Toni, (age 15) Drug Buster, Southern Ute Tribe, Ignacio, CO
*Reyna, Marjorie, Executive Director, Division of Economic Development, Navajo Nation, Window Rock, AZ
*Sanchez, Bilbert J., Chairman, Board of Governors, Eight Northern Fe, NM
*Solomon, Floyd, Parent and Parent Trainer, Education for Parents of Indian Children with Special Needs, Laguna Pueblo, NM
*Velasquez, Sue, VISTA volunteer, Chemical People, Task Force, Ignacio, CO

THE DIVERSITY AND STRENGTH OF AMERICAN FAMILIES, FEBRUARY 25, 1986

*Beatty, Lula A., Project Director, Mental Health Research and Development Center, Institute for Urban Affairs and Research, Howard University, Washington, DC

*Carlson, Allan, Ph.D., Executive Vice President, The Rockford Institute, Rockford, IL
*Cherlin, Andrew, Ph.D., Associate Professor of Sociology, The Johns Hopkins University, Baltimore, MD
*Curran, Dolores, Littleton, Colorado
*Davis, Ginger and Herb; RICHMOND, Kate and John; family, Silver Spring, MD
*Hareven, Tamara, Ph.D., Professor of History, Clark University, Worcester, MA; Research Associate, Center For Population Studies, Harvard University, Cambridge, MA
*Horne, Josephine and Lynwood Earl, and Delphina Lynette, family, Camp Springs, MD
*Minuchin, Salvador, M.D., Research Professor of Psychiatry, New York University, New York, NY; Clinical Professor of Psychiatry, University of Pennsylvania
*O'Son, David, Ph.D., Professfor, Family Social Science, University of Minnesota, St. Paul, MN
*Regier, Gerald P., President, Family Research Council of America, Inc., Washington, DC
*Rekers, George, Ph.D., Professor of Neuropsychiatry and Behavioral Science, University of South Carolina School of Medicine, Columbia, SC
*Schumm, Walter R., Ph.D., Associate Professor, Department of Human Development and Family Studies, University of Kansas, Manhattan, KS
*Stinnett, Nick, Ph.D., Dean, Graduate School of Education and Psychology, Pepperdine University, Los Angeles, CA
*Weiss, Heather, Ed.D., Director, Harvard Family Research Project, Harvard University, Cambridge, MA

WORK IN AMERICA: IMPLICATIONS FOR FAMILIES, APRIL 17, 1986

*Avakian, Michael, Senior Staff Attorney, Center on National Labor Policy, North Springfield, VA
*Blau, Francine D., Ph.D., Professor of Economics and Labor and Industrial Relations, University of Illinois, Urbana-Champaign, IL
*Bowman, Phillip J., Ph.D., Visiting Scholar, Institute for Social Research, University of Michigan, Ann Arbor, MI; Assistant Professor of Psychology, University of Illinois, Urbana-Champaign, IL
*Deal, Virginia, Parent; employee, Tom Thumb Glove Co., Wilkesboro, NC
*Hickey, Michael P., Director, General Electric Re-employment Center, Columbia, MD
*Hopkins, Kevin R., Senior Research Fellow, The Hudson Institute, Alexandria, VA
*Kondratas, Anna S., Senior Policy Analyst, the Heritage Foundation, Washington, DC
*Matthaei, Julie, A., Ph.D., Chair, Department of Economics, Wellesley College, Wellesley, MA
*Mead, Lawrence M., Ph.D., Associate Professor of Politics, New York University, New York, NY

*Norwood, Janet, L., Ph.D., Commissioner, Bureau of Labor Statistics, U.S. Department of Labor, Washington, DC
*Rayman, Paula, Ph.D., Fellow, Bunting Institute, Radcliffe College, Cambridge, MA
*Thomas, Beverly, Coordinator, Counseling and Training, GE Reemployment Center Columbia, MD
*Wallace, June, Teacher, Creative Child Care, Salisbury, MD
*Waters, George E., M.S.W., Director, Education, Training, and Enterprise Center (EDTEC), Camden, NJ
*Wegener, Ellie, Director, Employment Support Center
*Zinsser, Caroline, Director, Day Care Policy Study, Center for Public Advocacy Research, New York, NY

CHILDREN AND FAMILIES IN THE SOUTH: TRENDS IN HEALTH CARE, FAMILY SERVICIES AND THE RURAL ECONOMY, APRIL 21, 1986

*Akers, Mark, Director, Industrial Development, State of Indiana Department of Commerce, Indianapolis, IN
*Anderson, Donald, Executive Director, National Association for the Southern Poor, Washington, DC
*Barranti, Crystal, Ph.D., Extension Home Economist, Human Development Department, Cooperative Extension Service, University of Georgia, Athens, GA
*Engle, Bonnie, Executive Director, Georgia Council on Child Abuse, Atlanta, GA
*Gatewood, Jr., Schley, M.D., Obstetrician/Gynecologist, Americus, GA
*Hill, Louise, Women's Coordinator, Georgia Farm Bureau, Macon, GA
*Holloway, J. Ted, M.D., District Health Director, Southeast Public Health Unit, Waycross, GA
*Ikerd, John, Ph.D., Department Head, Professor, Agricultural Economics Department, Cooperative Extension Service, University of Georgia, Athens, GA
*Kaufman, Jr., Gus, Ph.D., Men Stopping Violence, Inc., Atlanta, GA
*Lick, Dale, Ph.D., President, Georgia Southern College, Statesboro, GA
*Moseley, Julia, F.N.P., Director, Wilson Clinic, Cumming, GA
*McKinney, Arnold, Program Coordinator, General Missionary Baptist Convention, Pastor, Macedonia Baptist Church, Waycross, GA
*Orthner, Dennis, Ph.D., Director, Center for Work and Family Issues, Professor of Family Development, University of Georgia, Athens, GA
*Porter, Howard, Age 6, Metter, GA
*Porter, Polly, Mother, Metter, GA
*Smith, Margo, Coordinator, Georgia Network Against Domestic Violence, Atlanta, GA
*Travis, Nancy, Director, Southern States Office of Save the Children

PLACING INFANTS AT RISK: PARENTAL ADDICTION AND DISEASE, MAY 21, 1986

*Arkin, Elaine B., Chair, Steering Committee, Healthy Mothers, Healthy Babies Coalition, Washington, DC
*Chasnoff, Ira J., M.D., Assistant Professor of Pediatrics and Psychiatry, Northwestern University Medical School; Director, The Perinatal Center for Chemical Dependence, Northwestern University Hospital, Chicago, IL
*Clarren, Sterling K., M.D., Associate Professor of Pediatrics, School of Medicine, University of Washington, Seattle, WA
*Custis, Jennifer, Parent, Vienna, VA
*Fenton, Lawrence, M.D., Professor of Pediatrics, Head, Section of Neonatal/Perinatal Medicine, Department of Pediatrics, School of Medicine, University of South Dakota, Soux Falls, SD
*Finsterbusch, Meredith, C.A.C., Program Coordinator, Women's Center, Vienna, VA
*Jenkins, Melvin E., M.D., Professor and Chairman, Department of Pediatrics and Child Health, Houward University College of Medicine, Washington, DC
*Marks, James S., M.D., Assistant Director for Science, Center for Health Promotion and Education, Centers for Disease Control, Atlanta, GA
*Oleske, M.D., M.H.H., Director, Division of Allergy, Immunology and Infectious Disease, University of Medicine and Dentistry of New Jersey, Newark, NJ
*Thomas, Joyce N., R.N., P.N.H., Director, Division of Child Protection, Children's Hospital National Medical Center, Washington, DC
*Walker, Jr., Benjamin, M.P.H, Chief Executive Officer, Odyssey Foundation of New York, Inc., New York, NY
*Wilson, Ann, Ph.D., Associate Professor, Department of Pediatrics, Department of Psychiatry, School of Medicine, University of South Dakota, Sioux Falls, SD

DIVORCE: THE IMPACT ON CHILDREN AND FAMILIES, JUNE 19, 1986

*Austin, Severa, Director, Bureau of Human Resources, Department of Health and Social Services, Madison, WI
*Brody, Gene H., Ph.D., Co-Director, Program for the Study of Competence in Children and Families; Professor, Department of Child and Family Development, University of Georgia, Athens, GA
Brown, Emily M., M.S.W., Director, Divorce and Marital Stress Clinic, Inc., Arlington, VA
*Dixon, Laurie, Age 16, Managing Editor, The Pitch; Student, Walter Johnson High School, Bethesda, MD
Hill, Martha S., Associate Research Scientist, Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor
*Hoffman, Saul, Ph.D., Associate Professor of Economics, University of Delaware, Newark, DE
*Kalter, Neil, Ph.D., Associate Professor, Departments of Psychology and Psychiatry, University of Michigan, Ann Arbor

*Keeton, H. Dale, Ed.D., President, The Family Institute, Ltd., The Vienna Family Therapy Center, Vienna VA
*Levy, David L., Esq., President, National Council for Children's Rights, Washington, DC
Peterson, James L., Ph.D., Child Trends, Inc., Washington, DC
*Polikoff, Nancy D., Esq., Director, Child Custody and Child Support Projects, Women's Legal Defense Fund; Adjunct Professor of Family Law, Washington College of Law, American University, Washington, DC
*Wallerstein, Judith S., Ph.D., Executive Director, Center for the Family in Transition, Corte Madera, CA; Principal Investigator, California Children of Divorce Project; Visiting Senior Lecturer, School of Social Welfare, University of California at Berkeley
*William, Robert G., Ph.D., President, Policy Studies, Inc., Denver, CO
*Weitzman, Lenore J., Ph.D., Associate Professor of Sociology, Stanford University, CA, Associate Professor of Sociology, Harvard University, Cambridge, MA

THE CRACK COCAINE CRISIS, JULY 15, 1986

*Bonanno, Janet, Parent, Bronx, NY
*Bonanno, Lee Ann, Recovering Crack User, Bronx, NY
*Costello, Father Coleman, Executive Director, Outreach Project, Rego Park (Queens), NY
*French, John, Chief, Office of Data Analysis and Epidemiology, Alcohol, Narcotic and Drug Abuse Unit, New Jersey State Department of Health
*Fullwood, Isaac, Assistant Chief of Police, Metropolitan Police Department, Washington, DC, accompanied by Culligan, Christ, Inspector, Metropolitan Police Department, Washington, DC
*Gilliam, Joel, Inspector, Narcotics Division, Detroit Police Department
*Grevey, Kevin, Former Player, Washington Bullets; Executive Director, "Off-Season"
*Holliday, Wilhelmina E., Deputy Commissioner for Community Affairs, New York City Police Department, accompanied by Hall, Francis C., Chief, Drug Enforcement Division, New York City Police Department
*Jaffe, Jerome H., Director, Addiction Research Center, National Institute on Drug Abuse, Washington, DC
*Lawrence, Malcolm, Former Special Assistant for International Narcotics Matters, U.S. Department of State
*Scheu, Bill, Player-Coach, USA Legends Basketball Team; Director, Youth Sports Drug Awareness Program
*Westrate, David, Assistant Administrator for Operations, Drug Enforcement Administration, Washington, DC

CHILDREN AND FAMILIES IN THE MIDWEST: EMPLOYMENT, FAMILY SERVICES AND THE RURAL ECONOMY, AUGUST 11, 1986

*Abel, Ann, Director, Vermilion Job Training Partnership, Danville Area Community College, Danville, IL
*Arnett, Cheryl and Brad, Parents, Peoria, IL; accompanied by Kilbourn, Kim, M.S.W., Peoria, IL

*Bothwell, Werner L., ESMR II, Galesburg, IL
*Caldwell, Patty J., Moline, IL
*Cole, Judity Q., Director of Planning and Allocations, United Way, Peoria, IL
*Collinson, Leo A., Parent, Galva, IL
*Conger, Rand D., Ph.D., Associate Dean for Research and Graduate Education, Professor of Family and Child Development, Iowa State University, Ames, IO
*Deadmond, William L., Vice President, Iowa-Illinois Health Care Alliance, and Chairperson, Task Force on the Health Care Needs of the Unemployed, Rock Island, IL
*Graham, Mari Ann, A.C.S.W., Supervisor, Victim Services, Family Resources, Davenport, IA
*Gullett, Greg, Associate Director, The Children's Home, Galesburg, IL
*Hannan, Roger W., Co-Director, Farm Resource Center, Cairo, IL; accompanied by Cecil, Harry, Ph.D., Co-Director, Farm Resource Center, Metropolis, IL
*Hout, Lee R., A.C.S.W., C.S.W., Diagnostic and Treatment Services Manager, Council on Children at Risk, Moline, IL
*Jobe, Sherry, Coordinator, Dislocated Worker Program, Galesburg Public Library, Galesburg, IL
*Lasley, Paul, Ph.D., Assistant Professor, Department of Sociology and Anthropology, Iowa State University, Ames, IA
*Mullen, Steve, Parent, Orion, IL
*Ranney, Robert J., Consulting Manager, Midwest Rural Health Associates, Inc., Kansas City, MO; and Senior Consultant, National Rural Health Care Association, Kansas City, MO
*Search, Kenneth L., M.S.W., A.C.S.W., Program Coordinator, Family and Individual Counseling Program, Counseling and Family Service, Peoria, IL
*Taylor, Steven A., Quad-City Electrical JATC, Rock Island, IL
*Tiller, James E., Ph.D., Psychologist and Child Clinical Specialist, Spoon River Center, Galesburg, IL
*Van Wynsberghe, Tracy, (age 16) Student, Geneseo, IL
*Young, Arthur, Parent, Milan, IL

HISPANIC CHILDREN, YOUTH, AND FAMILIES: CHALLENGES, CHANGES, AND EMPLOYMENT, SEPTEMBER 18, 1986

*Arroyo, Eric J., Director of Planning, Special Assistant to the President, Wildcat Service Corporation, New York, NY
*Barajas, Gloria, National President, Mexican American Women's National Association, Washington, DC
*Barreto, Julio, Center Director, National Puerto Rican Forum, Inc., Washington, DC
*Bernal, Carmen Beatriz, State Director, Hispanics for Social Justice, El Cajon, CA
*Delgado, Jane L., Ph.D., President, The National Coalition of Hispanic Health and Human Services Organizations, Washington, DC
*Denlinger, Stephen, President, Latin American Manufacturers Association, Washington, DC

*Garza, Maria Luisa, Ph.D., Chief Executive Officer, Gulf Coast Council of LaRaza, Corpus Christi, TX
*Greenstein, Robert, Director, Center on Budget and Policy Priorities, Washington, DC
*Marrero, Yvonne, ASPIRA Public Policy Leadership Program Fellow; President, Hispanic Club, Edward R. Murrow High School, Brooklyn, NY, accompanied by Petrovich, Janice, Assistant National Executive, Director, ASPIRA, Washington, DC
*Motta, Maria and Santiago, Windskey, Officers, Youth Action Policy Committee, Youth Action Program, East Harlem, NY
*Oppenheimer-Nicolau, Siobhan, President, Hispanic Policy Development Project, New York, NY
*Suarez, Xavier, Mayor, Miami, FL

CHILDREN IN STATE CARE: ENSURING THEIR PROTECTION AND SUPPORT, SEPTEMBER 25, 1986

*Aldrich, William S., Audit Manager, Office of the Auditor General, State of California
*Behar, Lenore, Chief of Child Mental Health Services, North Carolina Divisions of Mental Health, Mental Retardation, and Substance Abuse Services, Raleigh, NC
*Burton, Robert, President and Chairman of the Board, VisionQuest, Tucson, AZ
*Guttridge, Judy, Mother, Baltimore, MD
*Hanges, Patricia, Volunteer Youth Advocate, Francis House, Baltimore, MD
*Hazeem, Director of Legal Affairs for the Coalition for Religious Freedom
*Hutchison, Nellie, Director, Governor's Commission for Children and Youth, Jackson, MS
*Kerr, April, Assistant Executive Director, Council for Retarded Citizens, Jefferson County, Louisville, KY
*Rosenberg, Jeff, Director of Public Policy, National Committee for Adoption, Washington, DC
*Schneider, Peter, Project Director and National Coordinator, Restitution, Education, Special Training, Technical Assistance (RESTTA), Bethesda, MD
*Shust, Diane, Senior Supervising Attorney, Juvenile Service Program, The Public Defender Service, Washington, DC
*Soler, Mark, Director, Youth Law Center, San Francisco, CA
*Weinroth, Member, Steering Committee, Child Advocacy and Protection Committee, The Bar Association of the District of Columbia, Washington, DC
*Woodruff, Michael J., Esq., Director, Center for Law and Religious Freedom, Christian Legal Society, Merrifield, VA

ADDITIONAL MINORITY VIEWS OF HON. DAN COATS, RANKING MINORITY MEMBER

INTRODUCTION

REASONS FOR ADDITIONAL MINORITY VIEWS

While this year-end report is a valuable overview of 1986, it should be clear that it is a document developed by the Majority Staff. Differences on witness summaries are sometimes minimal and sometimes substantive. More importantly, by including fact sheets developed by Majority Staff in this year-end report, it goes beyond just a relatively straight-forward summary of our hearings.

As all who are involved in public policy are aware, facts looked at from different angles can frame problems in different ways. We also know that the difference between a "fact" and an "opinion" is often marginal at best. Furthermore, we know that once commonly accepted as "facts," these facts drive public policy solutions.

Therefore, we felt that additional views were essential for the following reasons:

1. The Minority did not participate in drafting the Fact Sheets and therefore is not prepared to categorically accept them.
2. It is clear by just sampling these Fact Sheets that the collection of facts listed are intended to support particular points-of-view (i.e. they are selective).
3. For some hearings this bias is of little concern. Most, if not all, Minority Members would agree with what are the most relevant facts. But for other hearings it is very important.
4. For most hearings, Minority concerns lie somewhere in between. The Majority facts are not inaccurate but they don't tell the whole story.

The reading of these additional views together, as opposed to looking at each one in isolation, gives one a significantly different view of America than the Majority fact sheets and witness summaries. It is hard to develop a cohesive view when the Majority selects hearing subjects and selects the overwhelming majority of witnesses. We feel, however, that these summaries together project to a degree our attempt to make these points:

1. The problems facing American families are immense but we need to be cautious not to overstate them in order to get attention.
2. We need to look for solutions and positive examples of what works, not just re-state the problems.
3. We need to identify community-based approaches since they are the most likely to work.
4. Individuals, associations and businesses outside the government need to be looked to for solutions rather than just ad-

ditional federal government funding. We need to be more willing to look at innovative non-government alternatives.

5. We should look at ideas that are prevention-oriented and not just intervention programs to deal with the problems.

6. We constantly see that attitudes are of key importance. More government funding alone is not going to solve most problems.

7. We have learned that the breakdown of the family seems to be at the root of many of the social problems we have investigated.

FORMAT OF THESE ADDITIONAL VIEWS

It should be clearly noted that the following views are not a comprehensive look at the subject we discussed this year. Each hearing record contains both the Majority and Minority input on that issue.

The purpose of these additional views is to illustrate our different views, particularly by showing what additional facts the Minority felt were important to these hearings and by often significantly different interpretations or highlighting of what witnesses presented at the hearings.

Not all Minority Members will necessarily agree with all the Minority "Key Facts" or witness summaries, but we do share a common agreement that we cannot support the inclusion of the Majority's Fact Sheets alone.

For each of the 1986 hearings, in the same order that they appear in the report, we will note additions to fact sheets or witness summaries. It is not a complete listing of key facts from the Minority perspective but rather a supplemental or at times a counter view of the relevant facts.

COMMITTEE CONTINUES TO SERVE VALUABLE ROLE

This year-end report illustrates the continued valuable contributions the House Select Committee on Children, Youth, and Families is making to the political debate in Washington. Too often families and their children get lost in the shuffle as more powerful and better organized interests dominate discussion.

This Committee plays a unique role in focusing on issues that affect the family. While on this Committee we may disagree what solutions should be pursued, or even precise definitions of the problems, we do agree on the primary importance of the family in American life and the vital importance of focusing on these issues.

Those who have attended Committee hearings or who have read the individual hearing reports know that we have had lively discussions that have tried to define the problems, highlight those problems and listen to those who have developed creative solutions.

While this year-end report gives an excellent overall picture of the Committee's 1986 activities, on a hearing-by-hearing basis it is not, and by design cannot be, comprehensive.

Hearing-By-Hearing Minority Response

Native American Children, Youth and Families, Field Hearing and Site Visits, Washington, Arizona, and New Mexico January 16–January 10, 1986

SUMMARY

Several key points should be included in the analysis of the multitude of problems facing Native American families:

1. *Broken Promises*—it is essential that Native American leaders understand that given the budget crisis of the United States government that dependence upon substantial increases in transfer payments is highly unlikely. No one is served by continuing to hold out false hopes. (Bennie Cohoe, Executive Director of the Ramah Navajo School Board, argued that if funding was going to be reduced—which he opposed—that you have to have a warning to put into place a community-based system.)

2. *Treaties*—it was apparent that leaders of the Indian nations based most of their points upon treaty obligations between each of their nations and the United States Government. Most Americans probably do not view Indian tribes as separate independent nations within our borders; whereas most Native Americans stress this point. This is not only a potential point of conflict but is behind some key points of conflict. (Hon. Stanley Paytiamo, Governor of the Acoma Pueblo, New Mexico said that there had been many of these type of hearings over the last five years, what was needed was action. His first point was the need to fulfill treaty agreements.)

3. *Signs of Hope*—these hearings clearly highlighted articulate Native American leaders who are actively working among their people to address the massive poverty, unemployment and other problems on the reservations.

4. *Families*—Native Americans have the second highest percentage of female-headed families, exceeded only by black families. A number of leaders also expressed concern about the participation of fathers in these families because of unemployment, alcoholism and other such problems. (Allen Slickpoo Sr., Secretary, Nez Perce Tribal Executive Officer, Idaho, said that when you identify successful students, you find a solid family structure with steady employment. Gilbert Pena, Chairman of the All Indian Pueblo Council, said at the Albuquerque, New Mexico hearing that the "heart of the Indian community is the family" and that the biggest problems were unemployment, underemployment, poor self-esteem and alcoholism.)

5. *Consistency of Policy*—this seems important to any long-term solutions yet has been a problem both from the federal government involvement and from changing tribal governments. (Forrest S. Cuch, Education Division Head for the Ute Indian Tribe of Fort Duchesne, Utah, said we always seem to be applying bandages and working on continuing resolutions rather than using a wholistic approach that is sensitive to spiritual and moral views, including the sacred relationship to the land.)

6. *Ties to the Land*—in all hearings the emotional ties to the land and to their nation's sense of heritage and customs was stressed. To some degree, the breakdown of this native culture was a key contributor to the culture of dependency upon the government among many Indians. (Eloise King, Director Child Welfare Services, Colville Confederated Tribes, Washington, said that a lot of traditions were destroyed because of historical things that have occured, and because of the dysfunction that has been created by the dependence that has been imposed by the Federal and State governments.) Yet, because of the locations of the land relative to roads, water, and other assets needed to compete in modern society, it also limits the economic potential of some Indian tribes. (Site visit to Klagetoh, a small Navajo community forty-five minutes from Window Rock, demonstrated local enthusiasm but difficult natural situation. Site visit to Sacaton among the Gila River Native American community demonstrated the on-going water conflict with the big cities of Arizona.)

7. *More Native American Control of Their Own Destiny*—sounds good but is fraught with problems. Some key issues such as trust fund control seem easier to address than other issues such as legalized gambling, health questions (should United States government health money transferred because of treaty obligations be allowed to be used for witch doctors rather than for developing hospitals and other medical facilities) and the rights of individuals (should there be basic rights protection inside tribal government, and who is the final authority: someone inside their nation or someone from another nation such as the United States Court system. (e.g. Lucy Schaffer-Peterson, Vice-Chairman of the Skokomish Tribe, Washington testified in Seattle that some criminal allegations such as child sexual abuse are not always followed up on with thorough investigations in tribal councils, resulting in some sense of impunity.)

SUPPLEMENTAL FACT SHEET

"Indian Family Structure and Poverty," Congressional Research Service, developed in response to a specific request for this series of hearings.—This is in response to your request for information on the family structure of American Indians and its relationship to the poverty rates. Following our conversation, I have attached two tables that address these issues. Both tables are based on data from the 1980 Census of Population and Housing; no more recent data are available for detailed characteristics of race groups.

Table 1 shows the percent distribution of families by type (male-present vs. female-headed) and the mean family size. Both female-headed families and larger families are at a higher risk of poverty than other families. The table shows that, relative to the total population, families of American Indians, Eskimos, and Aleuts are more likely to have a female head (22.7 percent, compared to 13.9 percent for all families). Compared to other race groups, they have the second highest percentage of female-headed families, exceeded only by black families. The families of American Indians, Eskimos, and Aleuts also tend to be larger than other families, with a mean family size of 3.83, compared to an overall mean in the population

of 3.27. Only families of Spanish origin have a larger average family size.

TABLE 1.—PERCENT DISTRIBUTION OF FAMILIES BY TYPE: 1980

Race	Total families	Male present	Female-headed	Mean family size
Total	100.0	86.1	13.9	3.27
White	100.0	89.2	10.8	3.19
Black	100.0	62.8	37.2	3.69
American Indian, Eskimo, Aleut	100.0	77.3	22.7	3.83
Asian, Pacific Islander	100.0	89.2	10.8	3.75
Spanish origin	100.0	80.6	19.4	3.87

Source: U.S. Bureau of the Census. 1980 Census of Population and Housing. Detailed Population Characteristics: United States Summary, Section A. United States. PC 80-1-D1-A. Table 269.

Table 2 shows poverty rates for these different types of families as well as for unrelated individuals (persons living in households but alone or not with any other related persons). This table shows that American Indians, Eskimos and Aleuts have the second highest poverty rate (23.7 percent). Of the different race groups; only blacks have a higher rate. Within each family type, however, American Indians, Eskimos and Aleuts had higher poverty rates than blacks. In male-present families, this group had the highest poverty rate of the groups shown. The reason the poverty rates within each family type category are higher but as a whole are lower than the rates of the black population is that blacks have a higher proportion of female-headed families. These families, with their very high poverty rates, thus contribute more to the overall poverty rate. Among unrelated individuals, the poverty rate for American Indians, Eskimos and Aleuts is 38.7, compared to a rate of 39.7 among blacks.

TABLE 2.—POVERTY RATES FOR FAMILIES AND UNRELATED INDIVIDUALS: 1980

Race	All families	Male present	Female-headed	Unrelated individuals
Total	9.6	6.2	30.3	25.1
White	7.0	5.2	22.3	22.6
Black	26.5	14.7	46.3	39.7
American Indian, Eskimo, Aleut	23.7	17.1	46.4	38.7
Asian, Pacific Islander	10.7	8.9	25.7	30.5
Spanish origin	21.3	14.8	48.2	35.9

Source: U.S. Bureau of the Census. 1980 Census of Population and Housing. Detailed Population Characteristics: United States Summary, Section A. United States. PC 80-1-D1-A. Table 306.

Diversity and Strengths of American Families, Washington, D.C., February 25, 1986

INTRODUCTION

From opening statement of Congressman Dan Coats, Ranking Minority Member:

> This Committee has rightfully looked at a number of problems that exist among our children, youth and fami-

lies. We have collected an impressive amount of data regarding the condition of our children, youth and families across the country. And we have looked at and targeted strategies for dealing with these problems.

But I think all of us on the panel agree that an ounce of prevention is worth a pound of cure. If we can somehow break the chain and keep the problem from happening in the first place, or happening to the degree that it is now happening, we will not only save a great deal of money, but we will do children, youth and families a great service.

TESTIMONY SUMMARIES

Nick Stinnett, Ph.D., Dean, Graduate School of Education and Psychology, Pepperdine University, Los Angeles, CA. Stinnett, who along with Dr. John DeFrain of the University of Nebraska is the nationally recognized authority on family strengths research, stated that we know that poor relationships within the family are related to many of the problems of society. As examples he mentioned teen pregnancies; drug and alcohol abuse; child, spouse and elder abuse; depression; and delinquency. He stated that they believed that strong families would be the best experts to consult in studying what made families healthy and successful. For a decade they have worked with thousands of families from all walks of life and from his study developed a comprehensive list of key family strengths. These hundreds of strengths were grouped to six basic family strengths:

1. A great deal of commitment
2. They expressed a great deal of appreciation to each other. They can see each other's strengths and build on them.
3. They have very good communication patterns.
4. They spend a lot of time together. This does not just happen, they make it happen.
5. Spiritual wellness which manifests itself, among other things, by a genuine concern for others; a sense of purpose in life; and a feeling of being a part of something larger than themselves.
6. The ability to deal with crisis and stress in a positive way.

Lula Beatty, Project Director, Institute for Urban Affairs and Research, Howard University, Washington, DC cited similar information gathered in a study of black families she conducted with Dr. Lawrence Gary. She also noted that the most frequently mentioned traits were: clearly defined roles, religious orientation, and genuinely caring for each other.

David H. Olson, Ph.D., Professor of Family Social Science, University of Minnesota, St. Paul, MN reported on a survey of 1,000 families and the results which clearly demonstrated eight major strengths of families that seem to help them cope more effectively with stress.

1. Parents have a strong and happy marriage.
2. Family members have pride in each other and their family.
3. Family members feel close to each other but also allow each other privacy and freedom to act independently.

4. Family members are flexible, creative as a group, and able to solve problems together.
5. Family members are able to listen and share both negative and positive feelings with eacn other.
6. Family members are supportive of each other.
7. Family members find time to have fun together.
8. Family members share a common set of values.

George A. Rekers, Ph.D., Professor of Neuropsychiatry and Behavioral Science, University of South Carolina Medical School, Columbia, SC discussed characteristics of the father's role that are essential for family strength. He stated that research has documented that children without fathers more often have lowered academic performance, more cognitive and intellectual deficits, increased adjustment problems, and higher risks for psychosexual development problems.

Allan C. Carlson, Ph.D., Executive Vice President, The Rockford Institute, Rockford, IL supported the importance of using the political pulpit, and the cultural pulpit, to drive home a stronger appreciation for family, as well as personal and individual responsibility. He also quoted C.S. Lewis ("Public life depends upon private life") in pointing out that the health of a political society depends upon the health of the private society, of the private individuals and the institutions in that society.

Congressman Frank Wolf, Ranking Minority Member of the Committee Task Force on Economic Security, also summarized the findings of Dolores Curran for the record since she was unable to attend the hearing. Her research, of professionals who work with families all over the country, identified 15 characteristics of healthy families:

1. Communicates and listens
2. Affirms and supports one another
3. Teaches respect for others
4. Develops a sense of trust
5. Has a sense of play and humor
6. Exhibits a sense of shared responsibility
7. Teaches a sense of right and wrong
8. Has a strong sense of family in which rituals and traditions abound
9. Has a balance of interaction among members
10. Shared religious core
11. Respects the privacy of one another
12. Values service to othrs
13. Fosters family table time and conversation
14. Shares leisure time
15. Admits to and seeks help with problems

Work in America: Implications for Families, Washington, D.C., April 17, 1986

FACT SHEET

Family income

Between 1960 and 1984, median family income rose 34%, from $19,711 to $26,433 in constant (1984) dollars. During that same

period average family size decreased 12%, from 3.67 to 3.24. (Census Bureau, 1986)

Increases in income were not uniform among different family types. Two-earner families experienced a 38% increase between 1960 and 1984, while one-earner families and female heads-of-household experienced an increase of 22%. (Census Bureau, 1986)

In 1984, two-earner families had a median income 47% greater than married couple one-earner families. Male households with no wife present had a median income almost equal to one-earner married couple families, while female householders with no husband present have a median income 46% lower than one-earner married couples and 63% lower than two-earner married couples. (Census Bureau, 1986)

Working patterns of mothers

Most mothers of children under 18, and the great majority of mothers of small children, do not work outside the home full-time full-year. Though 62% of women with children under the age of 18 worked outside the home in 1985, only 41% worked full-time for at least one week. (Besharov and Dally, 1986)

Among married mothers of children under 18, 39% worked full-time for at least one week in 1985, but only 29% worked full-time, full-year. (Besharov and Dally, 1986)

Among married mothers with children under six, 33% worked full-time, but only 23% worked full-time, full-year. Married mothers living with their husbands make up three-quarters of the mothers with children under 18. (Besharov and Dally, 1986)

Divorced mothers worked more than any other category of mothers. 63% of those with children under 18, and 50% of those with children under six, worked full-time. (Besharov and Dally, 1986)

Among unwed mothers, 29% worked full-time, and 23% of those with children under six worked full-time. Among mothers receiving welfare, about 12% worked full-time. (Besharov and Dally, 1986)

For working mothers of children under six, care in the child's home or in the home of another are the most widely used child care arrangements. Child care centers were only used by 18.8% of children under six with mothers working full-time and 7.5% of mothers working part-time in 1982. (CYF, 1984)

Welfare and work

Although most "spells" on AFDC last less than two years, 50.2% of the persons enrolled at any point in time are in the midst of episodes lasting at least 8 years. (Nat'l Governor's Assoc 1986)

Never-married young mothers are the most likely to be long-term welfare recipients. (Ellwood, 1985)

In 1975, half of the families receiving AFDC were families begun when the mother was still a teenager. (Baldwin, 1983)

Almost 90% of children on AFDC have able-bodied but absent fathers. (Kondratas, 1985)

Both black and white children with never-married mothers can expect to spend about six years in poverty (Duncan & Rogers, 1984)

Young women who marry prior to childbirth, whether the conception is premarital or postmarital, experience greater marital

stability than do those who delay marriage. (McLaughlin, et. al., 1986)

In 1985 the Manpower Demonstration Research Corporation (MDRC) released preliminary findings of its ongoing demonstration of state work/welfare initiatives. Among these findings were:

Job search

AFDC applicants and recipients responded positively to group job search when it was mandatory as well as when it was optional.

In San Diego, where participation was mandatory, 80% of applicants interviews thought the requirement was fair.

Impacts of the program were much larger for women in the harder to employ subgroups.

Mandatory unpaid work experience

A very high proportion of the participants interviewed responded positively to the work experience. They were satisfied with their assignments, felt positive about coming to work, believed that they were making a useful contribution, and felt that they were treated as part of the workforce.

Many felt that the employer got the better end of the bargain, or that they were underpaid for their work.

The majority felt that the work requirement was fair.

Grant diversion

Grant diversion had substantial political and popular appeal as a means of "turning a welfare check into a paycheck."

The technical difficulties of administering a grant diversion program have been greatly smoothed by changes in law and regulations since the passage of the OBRA in 1981.

Nevertheless, early data from the demonstration indicate that states are encountering serious problems in implementing the program on a large scale, and are experiencing many of the same operational constraints that have traditionally limited the use of OJT by manpower agencies.

Supported work

The supported work approach was most effective for the AFDC recipients, who showed significant increases in employment, earnings, wages, and reductions in welfare dependency.

Earnings among the enrollees increased by 50% (compared to the control group). The increase resulted not only from the fact that more women got jobs, but also that the jobs they got paid higher wages and were for longer hours than the jobs of the control group. (Gueron, 1985)

TESTIMONY SUMMARIES

Lawrence M. Mead, Ph.D., Associate Professor of Politics, New York University contended that conventional explanations of nonwork are unpersuasive. His study of long-term AFDC welfare mothers, their teenage children, and the fathers of these children had led him to conclude that nonwork among this population is due to the "permissive character of government policy." He explains that:

"Welfare and other social programs seldom expect recipients to work. The poor want to work but are irresolute about doing so. Government must require as well as help them to work if it wants greater effort from them."

Mead pointed out that only an estimated 10% of all poor families include a full-time year-round worker. Non-work is an especially serious problem among welfare recipients yet he pointed out that one study found that of mothers who leave welfare by working, 75% claim that finding a job was "easy."

Mead pointed out that traditional viewpoints fail to explain non-work because they are predominantly economic explanations. The long-term poor profess the same mainstream values about work and family as do the better-off, but they see these values as aspirations rather than as binding obligations. He says that long-term welfare recipients profess a desire to work, but often reject the menial jobs offered them even though accepting low-income jobs and then looking for better jobs while they are working would be the best economic decision. Thus the key to elevating work levels amon- those on welfare is to close the gap between the professed ideals of the poor and their actual behavior through obligatory norms of work and self-reliance.

Kevin R. Hopkins, a Senior Research Fellow of the Hudson Institute, Indianapolis, Indiana, presented preliminary conclusions from a year-long review of existing research on the effect of welfare on work and dependency. They conclude that two major sets of factors seem to be involved: economic and psychological factors. They are as follows:

Economic factors

Relative attractiveness of welfare over work; relative attractiveness of welfare over marriage to a husband; poor work opportunities for young males; the extent to which young men can rely for support on welfare payments received by women.

Psychological factors

For women, the opportunity for a limited degree of financial security without dependence upon a man whom they perceive to be unreliable.

For women, the desire to leave an unpleasant home environment.

For men, the feeling that welfare replaces them as providers, and that they are unnecessary to an existing or potential family.

The desire to prove one's femininity or masculinity through having or fathering a child.

Hopkins also gave preliminary view of the research on dependency patterns, principal issues confronting dependency research, major paradoxes, and major gaps in the analysis.

George Waters, M.S.W., Co-director of the Education, Training, and Enterprise Center (EDTEC), Camden, NJ commended the Committee for having included a practitioner as opposed to just researchers and theoreticians. He particularly stressed that policymakers seek ways to encourage entrepreneurship among not-for-profit community based groups. He attempts to teach youth how to create small businesses in their own communities with little or no

resources because this teaches kids how to deal with the issue of work.

Virginia Deal, former homeworker and employee of the Tom Thumb Glove Company, Wilkesboro, N.C. testified that she had been forced to return to part-time factory work after the Labor Department enforced a 40-year-old regulation prohibiting homeworkers from making gloves and mittens, ladies apparel, handkerchiefs, embroidery, jewelry, and buttons and buckles. Homework had allowed Deal and the other women to care for the children, elderly parents, and handicapped relatives while they earned money. They had flexible schedules, allowing them to arrange their worktime to suit their families' needs. She was one of 85 women employed as homeworkers by a glove factory in rural North Carolina. Mrs. Deal rented her sewing machine for $1 per year. She earned a minimum of $4.70 per hour and a maximum of $7.00 per hour. The 85 homeworkers averaged earnings of $6.00 per hour. After the Labor Department ordered the women to stop homework, the majority of the women could not make it to the factory to work at all. Those who could had to drive long distances, pay for baby-sitting and most reduced their work time.

Two other industries prevented from using homeworkers have been forced to close. If the glovemakers cannot resume homework, their factory will close, and the company will import goods from Red China. In all, 240 local workers will lose their job because of the closing of this one factory.

CHILDREN AND FAMILIES IN THE SOUTH: TRENDS IN HEALTH CARE, FAMILY SERVICES AND THE RURAL ECONOMY, MACON, GEORGIA, APRIL 21, 1986

INTRODUCTION

The Minority approach this hearing as an opportunity to gather innovative ideas about what kind of community changes are needed to improve the quality of life of rural families. We raised these questions: what kinds of changes are best handled at state and local levels and what changes are more appropriately federal initiatives?

The Minority witnesses contributed to the hearings by describing grass roots efforts aimed at solving the problems of rural poverty. For example, Mr. Anderson of the National Association of the Southern Poor described the success of this self-help, non-profit, privately funded organization. Another Minority witness, Rev. A. McKinney, Pastor of the Macedonia Baptist Church, told the Committee about the significant role that the church plays in rural communities and the need for the church to form partnerships with local governments. The importance of aggressive state and local economic development efforts aimed at attracting private investment was emphasized by another Minority witness.

TESTIMONY SUMMARY

Donald Anderson, Executive Director, National Association for the Southern Poor, Washington, D.C. stated that the National Association for the Poor is a tax exempt public charity whose purpose

is to create self-help community organization called Assemblies, which have marshalled millions of dollars of resources on behalf of the poor in over thirty countries and four cities in the south, primarily, Virginia and North Carolina. These organizations have built health centers, dental clinics, housing and recreation centers, created job training programs, and set up food banks, paved roads, provided assistance, to low income farmers, and so forth. These accomplishments have resulted from the volunteer efforts of the poor themselves.

These Assemblies have assisted thousands of people. Assembly accomplishments are many: in Surry County, Virginia a 3 million dollar high school, $500,000 medical center, $400,000 recreation center, and weatherized homes. In Charlotte County, VA in response to the transportation problem experienced by so many poor rural folks the Assembly there obtained a bus (by fundraising) for the transportation of the elderly and handicapped which serves over 500 people a year. In Buckingham, VA the Assembly set up a pig cooperative and quilting cooperative. Together the Assemblies identified thirty exceptional students from improverished families and helped them obtain scholarships to our nation's leading preparatory schools and colleges. Many of these students are today lawyers, doctors, and in other professions.

Rev. Arnold McKinney, Pastor, Macedonia Missionary Baptist Church in Waycross, and Program Coodinator, General Missionary Baptist Convention of GA, described the limits of government involvement in social issues: "The government, even when it has the finanical resources and the political will, cannot properly address the causes of many health and welfare issues of the poor and the disadvantaged. At best, the government can deal with the surface symptoms (results) of these problems. For example, everyone in the nation agrees that we are currently engulfed by an epidemic of teenage pregnancies. The liberal segment of the government wishes to address this issue by the unhampered and indiscriminant distribution of birth control . . . but birth control does not address the cause of the epidemic: sexual activity amongst the members of the community who are least prepared physically, emotionally, and financially."

Dr. Dennis K. Orthner, Ph.D., Professor of Family Development and Director, Center for Work and Family Issues, University of Georgia, Athens, GA. His testimony reinforced the idea that rural communities needed to develop economic and social strategies to adapt to the many changes currently facing many rural communities. "As has been noted, rural communities in the South are undergoing significant change. Their agricultural base is still strong, but is beginning to erode and the institutions which traditionally have supported the rural community are not adapting as quickly as needed. For many of these communities, there is no hope of a savior in the form of a new automobile or other major manufacturing industry." Not well understood are the opportunities in service industries or the entrepreneurial developments they themselves can make to revive their own economies through the redevelopment of their communities in rural regions.

Dr. John Ikard, Department Head, and Professor with the Agricultural Economics Department, Cooperative Extension Services,

University of GA, stated that although financial problems in U.S. agriculture are wide spread, these problems are not the same for all types of farms. The problems appear to be particularly acute with family sized farms. "About one-third of these family-sized farms, about one-ninth of all farms, owe about one-half of all farm debt." However, the testimony goes on to assert that "nearly one-half of all farms have been found to have little, if any, long-term debt in surveys by USDA and other private agencies."

He concludes his testimony by stating that families need help. "They need help in evaluating their economic alternatives and making the adjus ments that are necessary . . ."

PLACING INFANTS AT RISK: PARENTAL ADDICTION AND DISEASE, CHILDREN'S HOSPITAL NATIONAL MEDICAL CENTER, WASHINGTON, D.C., MAY 21, 1986

INTRODUCTION

From the opening statement of Rep. Dan Coats:

> It is a tragedy to know parents, as I have, who have suffered through birth of a low birthweight baby who then is placed in a neonatal intensive care unit. It *is a real tragedy when loving mothers, fully committed to their unborn child, deliver babies prematurely, with complications. How much sadder still to read expert testimony and learn of mothers who simply are not loving enough, and caring or have the proper training to make the necessary sacrifices and commitments to their unborn child.*

TESTIMONY SUMMARY

Dr. Benjamin Walker, Jr. M.P.H., Chief Executive Officer of Odyssey Foundation of N.Y., Inc. Mr. Walker emphasized the importance of a family value system in of "breaking the multigenerational cycle of addiction and abuse." In this testimony he stated:

> The majority of our residents are second and third generation substance abusers. We learned that this lack of a family value system shows up in other areas. Children who are abused grow up to become child abusers themselves.

Dr. Lawrence Fenton, MD, Professor of Pediatrics, Head, Section of Neonatal/Perinatal Medicine, Department of Pediatrics, School of Medicine, University of South Dakota, Sioux Falls, SD and Dr. Ann Wilson, Ph.D., Associate Professor, Department of Pediatrics, Department of Psychiatry, School of Medicine, University of South Dakota, Sioux Falls, SD stress in their testimony that babies need more than food and hygiene alone in order to grow into caring adults. "When human attachments have not been formed as a child, love cannot be experienced as an adult . . . the capacity to experience affection and to give affection . . . are very basic foundations for human growth and fulfillment."

DIVORCE: THE IMPACT ON CHILDREN AND FAMILIES, WASHINGTON, D.C., JUNE 19, 1986

FACT SHEET

American family trends

In 1960 88% of children lived in two-parent families. In 1970 this was still 85%, but by 1985 the number of children in two-parent families had declined to 74%. (Arlene Salutere, Census Bureau, 1986)

The percentage of families divorced or separated went up 66.2% from 1960 to 1970, and 73.2% from 1970 to 1985. (Census Bureau, 1986)

The percentage of families that were never married rose 396.6% from 1960 to 1970, and 544.8% from 1970 to 1985. (Census Bureau, 1986)

Divorce rates have leveled off in the 1980's. Since 1870, the rate has declined only three times: 1920's, from 1946 to 1958 (the divorce rate had a prolonged decline which resulted in a 1958 rate of less than one-half the 1946 rate), and the 1980's. (Kathy London, National Center for Health Statistics, 1986)

The impact of divorce upon children

In about 3 out of 5 divorces children are involved. (Furstenburg)

A large percentage of children have endured the trauma of divorce more than once; many have endured this more than twice. (Anthony, "Children at Risk from Divorce," New York: Wiley, 1974)

Even when the parents had been caught in severely unhappy marriages children usually do not want the divorce to occur. (Wallerstein and Kelly)

Fifty-six percent of parents and 64 percent of teenagers (12–16) agreed that divorce creates permanent social problems. Of those divorced or separated 42% of parents and 51% of teenagers agreed. (Zill, National Survey of Children, 1983)

Divorcing families are extremely vulnerable to psychological, physical and economic stress. The triple burden of sole child care, homemaking, and (frequently) full time employment often proved too heavy for the custodial parent and seriously eroded her (usually it was the mother) ability to provide sufficient guidance and nurturance to the children. (Wallerstein and Kelly)

Four out of five children whose parents divorced or separated are unable to maintain a good relationship with both parents during adolescence. (Wallerstein testimony to Subcommittee on Family and Human Services of the U.S. Senate Committee on Labor and Human Resource; March 22, 1983)

Divorce has a direct and specific impact on the adult's capacity to parent:

1. Parents are less available to the child.
2. Emotional support and sensitivity decline as the child is an unwelcome and irritating reminder of the failed marriage.
3. Pleasure in the parent-child relationship decreases.
4. Parent is less attentive—there is less talk, play, and interaction altogether.

5. Inappropriate expressions by the parent increase. (Wallerstein, Social Work, Mar.-Apr. 1985)

Some children take on their own upbringing. These children feel there is no one in charge, fear homelessness, and are weighed down by responsibility. (Wallerstein)

Some children feel responsible for a troubled, needy or depressed parent. (Wallerstein)

A third group of overburdened children are those whose custody has been legally battled over by the parents. These children fear abandonment, are disinterested in school, have poor peer relationships, and are suspicious, and emotionally constricted. (Wallerstein)

300% more teenagers of divorced or separated parents received psychological therapy (30% to 10%). (Zill, National Survey of Children, 1983)

500% more teenagers had been suspended or expelled from school than from low-conflict families (15% to 3%). (Zill, Nat'l Survey)

233% more children from divorced homes were described as needing psychological help (14% to 6%). (Zill, Nat'l Survey, 1983)

Two-years post-divorce, children in non-divorced families scored significantly higher than children in the divorced families on IQ performance and marginally higher on full scale IQ. There were no such differences at two months or one year. (Hetherington, Cox and Cox)

Child support

Nationally only 11.3% of the absent parents whose children are on welfare are actually paying child support. (National Council of State Child Support Enforcement Administration, 1983)

$4 billion a year is not being collected for children to whom it is due. (Census Bureau, 1981)

For many parents, their perspective of the government is that it will provide assistance for their children while they establish new lifestyles and often become parents of more children. (National Council of State Child Support Enforcement Admin 1983)

TESTIMONY SUMMARIES

Judith S. Wallerstein, Executive Director of the Center for the Family in Transition, Corte Madera, California said that the chief hazards to the psychological health of the child lie in the following areas:

1. The diminished or disrupted parenting and continued household disorganization that can continue over many years.
2. The broken or diminished relationship with the non-custodial parent and the unremitting feelings of rejection engendered in the child.
3. The parental conflict that can continue to dominate the family life following divorce.
4. The flawed, or tragic role models provided by parents who fail to reconstitute their lives.
5. The diminished quality of life within the post-divorce family.

6. The multiple relocations and economic deprivation—especially when accompaned by a sense of injustice due to the wide discrepancy between the father's home and the mother's home.

7. The curtailed educational or social opportunities for the children that represent the legacy of divorce in many post-divorce homes in our country.

H. Dale Keeton, Ed.D, President of the Family Institute and a family therapist with the Vienna Family Therapy Center, in Vienna, Virginia, stated that regardless of the level of functioning in the family, negative effects of divorce are always experienced in some degree. This is particularly true of children who are innocently caught up in the drama and often feel as if they are the principle characters. He expressed discomfort with the reality that so much of the society's attention is focused upon what is going to happen if a marriage does not continue. He suggested that this "preparing one's self for the reality of divorce" puts marriage partners in a defensive posture from the time they enter the marriage convenant. Keeton suggested that more positive perspectives be stressed so that society's attitudes come down on the side of trying to make marriages work rather than planning for failure.

The Crack Cocaine Crisis, Washington, D.C., July 15, 1986

SUMMARY

The Minority position was articulated at the hearing by Congressman Dan Coats in his opening remarks:

> We have before us a serious problem, something that I'm not sure any of us has a definitive answer for. We do know that we need to do everthing we possibly can in terms of interdiction of the problem, yet we know that, regardless of the expenditure, if the demand exits, the supply will be there.
>
> Therefore, it seems that we also need to work on some things that we have been talking about in the Select Committee on Children, Youth, and Families regarding society's values, society's attitudes, the condoning of or condemning of some of the practices, and unless we work on those attitudes, unless we work society's view toward the use of drugs and the impact that it has on our society, we probably aren't going to be very successful.

Hispanic Children, Youth, and Families: Challenges, Changes and Employment, Washington, D.C., September 18, 1986

INTRODUCTION

The Census Bureau reports that Hispanics are the fastest growing minority in the United States. In fact, Hispanics comprise the second largest minority group in the United States today.

Two important points need to be emphasized: one, the term "Hispanic" actually refers to a very heterogeneous group of people whose origins are Mexican, Puerto Rican, Cuban, Central or South American, and other Spanish cultures. This group is culturally diverse, with different traditions, different roots, and different herit-

ages. Thus, responese to challenges and changes by "Hispanic" families will not be uniform but will in part be determined by cultural and traditional differences, as well as individual initiative.

Two, while it is important to discuss the problems faced by different Hispanic groups in our society, at the same time we should examine why many Hispanics have succeeded. There is no doubt that the Hispanic community is rich with success stories and that these examples serve as models not only for Hispanic families but for all families.

TESTIMONY SUMMARIES

Mayor Xavier Suarez, from Miami, FL. While the Mayor believes that the federal government has a role in ensuring that educational opportunities exist, he stated that the role of the federal government should be limited. This restricted role would allow state flexibility with regard to setting priorities in spending education funds but would set minimum standards for receiving federal money.

Mayor Suarez noted in his testimony that many Hispanic families live in extended family units. He stated that because of the strength of these family units many Hispanics do not use formal support systems such as day care but rely on informal support systems such as relatives, whenever possible.

Eric Arroyo, Director of Planning/Special Assistant to the President of the Wildcat Service Corporation, New York. Mr. Arroyo focused his testimony on the issues of employment and economic development. He stated that public employment projects under public and/or private auspices are essential for creating meaningful job opportunities for the Hispanic community.

Mr. Arroyo emphasized that the goal is not to build bigger and better social welfare institutions, but to minimize our need for social welfare programming through economic development.

Carmen Beatriz Bernal, State Director, Hispanics for Social Justice, El Cajon, CA. Mrs. Bernal believes that the population control 'business' is discriminately targeted at Hispanics and this should be an affront to all, Hispanics and others alike.

In concluding, Mrs. Bernal asked the Hispanics Caucus and the Select Committee on Children, Youth, and Families to take a firm stand against all racist policies, get government out of the population control business, and vote against funding of government dependent organizations like Planned Parenthood.

FACT SHEET

U.S. Hispanic population in the 1980's

The largest Hispanic group in the U.S. is Mexican-Americans, 8.7 million or 60% of the total. Central and South America, Spain and Portugal—almost 3 million; Puerto Ricans—2 million; Cubans—800,000 (Richard MacKenzie, Hispanics in America, Washington Times, December 1985)

Fertility/Marital status

In 1980, the birth rate for Hispanic women aged 15–19 was 82.2, compared with a rate of 44.7 among all white adolescents. (Alan

Guttmacher Institute, Information of Fertility Patterns: Focus on Hispanic Adolescents, May 1984)

The average number children ever born per 1,000 ever-married women aged 15–19 was 730 for Hispanics, compared with 548 for whites. (AGI, Information of Fertility Patterns: Focus on Hispanic Adolescents, May 1984)

43% of births to adolescents of Hispanic origin were out-of-wedlock. Puerto Ricans having the highest percentage at 67%. (AGI, May 1984)

Out-of-wedlock births constitute high proportions of births to younger women of Hispanic origin: 43% to women under 20 yrs old; 37% to 18–19 yrs old; 51%; to 15–17 yrs old; and 73% to those under 15. (AGI, May 1984)

Hispanic adolescents are more likely than whites or blacks to be married. In 1982 five percent of Hispanic 15–17 yrs old were married and 20% of 18–19 yrs old. (AGI, May 1984)

Alcohol abuse

Studies conducted in the Southwest indicate that alcohol is related to cause of death in Hispanics at a rate higher than their representation in the total population." (National Clearinghouse for Alcohol Information, Alcohol and Hispanic Americans, May 1985)

Labor market

Hispanic workers, compared with all U.S. workers, are statistically underrepresented at the upper end of the occupational scale and statistically overrepresented in lesser skilled occupations." (Dennis M. Roth, Hispanics in the U.S. Labor Force, CRS Report, August 1984)

As a group, Hispanics participate in the labor market at a rate very similar to that of all workers. However, hidden in this aggregate rate are significant differences among various age-sex groups. Furthermore, since Hispanic ethnic groups entered the United States for different reasons, in different regions of the country, and during different time periods, they also demonstrate different patterns of labor force behavior. (Dennis M. Roth, Hispanics in the U.S. Labor Force, CRS Report, August 1984)

Unemployment

From 1973 through 1983, Hispanics have accounted for a disproportionate share of U.S. unemployment. Typically, the Hispanic unemployment rate is about 40 to 50 percent greater than the overall rate. The black unemployment rate ranges 75 to 100 percent greater than the overall rate." (Dennis M. Roth, Hispanics in the U.S. Labor Force, CRS Report, August 1984)

Federal training programs now fall under the Job Training Partnership Act (JTPA). Disadvantaged Hispanic adults and youth are eligible to participate in education, training and employability development programs under title II–A of the Act. Disadvantaged Hispanic youth are also eligible for training programs under the Summer Youth Program (title II–B). Dislocated Hispanic workers could qualify for program offered under title III of the Act. Title IV–A contains national programs including assistance to migrant and seasonal farmworkers, a large proportion of whom are Hispan-

ic. (Dennis M. Roth, Hispanics in the U.S. Labor Force, CRS Report, August 1984)

Poverty

The only reason that the overall Hispanic poverty rate is still lower than the black poverty rate is that the percentage of families that are headed by a female is lower for Hispanics than for blacks. (Center on Budget and Policy Priorities, 1986 Study)

The incidence of poverty among Hispanic children in 1984 was 84% above that among all U.S. children. (Hispanic Children in Poverty, Burke, Gabe, Rimkunas and Griffith, CRS Report, September 1985)

ANNUAL HISPANIC FAMILY INCOME

	1981	1984
$20,000+	28%	36%
$10–19,999	34%	32%
$10,000–	38%	32%
Average income	$15,900	$17,800

Children in State Care: Ensuring Their Protection and Support, Washington, D.C., September 25, 1986

INTRODUCTION

The Minority was appalled at the millions of dollars that the federal government has appropriated for the foster care system, the mental health system and the juvenile justice system with apparently little positive results.

Abuses occurred in both licensed and unlicensed facilities, leading to the conclusion that licensing per se does not guarantee quality care, but does limit competition. It is competition that is lacking when one looks at the conditions of children in state care. It is time to consider, "in the best interests of the child," every possible option; private for profit care and non-profit care as alternatives to state care.

Several witnesses (Shust, Weinroth, Hanges) emphasized the importance of prevention activities, reunification efforts, family oriented services and parental involvement as key aspects of any solution aimed at alleviating the problems of children in state placement.

Finally, regarding the issue of church and state separation as it concerns abuse of children in state care. the Minority emphasizedthat freedom of religion does not protect a religious ministry from noncompliance with child abuse laws. Yet, the separation issue does protect the religious ministry from overly intrusive state measures such as licensing where the state can not prove that licensing per se protects children from abuse.

TESTIMONY SUMMARIES

William S. Aldridge, Audit Manager, Office of the Auditor General, State of California made no criticism of VisionQuest's pro-

grams or activities—contrary to the impression given by the Majority's summary. In fact, the conclusion of the Audit is straightforward: "the State needs to improve its control of minors placed in out of state facilities." "The State has not ensured consistent standards for monitoring minors placed in out of state facilities." "The department has not established clear standards for the counties to incorporate into contracts with out of state facilities."

Michael Woodruff, Esq., Director, Center for Law and Religious Freedom, Christian Legal Society, Merrifield, VA. The Majority summary missed a critical point of Woodruff's tesimony regarding the relationship between religious institutions and state control in the form of licensing. Woodruff ended his written statement by saying "No one should argue that institutions, religious or nonreligious, which engage in child abuse or violate health or building codes should be allowed to operate. However, the answer is not licensing religious facilities. The answer is to enforce the already existing laws that protect the compelling interests of the state by the least restrictive means without violating the constitutional rights of religious institutions or parents involved."

Jeff Rosenberg, Director of Public Policy, National Committee for Adoption. While Mr. Rosenberg did urge governmental funding of the efforts of private, non-profit agencies as the Majority asserts, he specified that the money should be used for finding homes for children. He testified that "this should be done without the requirement of a contract. Private, non-profit agencies should have access to the necessary information about the child and then be paid for the cost of service when they place that child into an adoptive home."

FACT SHEET

Cannon and Stanford (1981) found a 19% rearrest rate among restitution cases over a six month period compared with a 24% rate for the nonrestitution groups. Hoffard (1981) reported an 18% recidivism rate for youths in the juvenile restitution program compared with a 30% rate for those in regular probation. (Anne L. and Peter Schneider, "The Impact of Restiution on Recidivism of Juvenile Offenders," Journal of Criminal Justice Research, 1985).

The 1979 national average cost for the care and housing of juvenile offenders in state correctional facilities was over $30,000 per child per year. In some larger states such as California, the cost for each juvenile interested in state facilities reached as much as $60,000 annually. (According to Department of Justice figures delivered in testimony before the House Committee on Education and Labor, March 19, 1980).

Most reformatories fail to reform . . . they make no appreciable reduction in the very high recidivism rates, on the order of 70–80%. (Peter W. Greenwood, "One More Chance," The Rand Corporation Study, May, 1985).

Typical placement in most states for chronic juvenile delinquents are training schools or reformatories . . . the atmosphere within these institutions is very much like that of a prison . . . principal influence on the inmates comes from their peers and not the staff . . . in this atmosphere violence, intimidation, and sexual exploita-

tion thrive. (Peter W. Greenwood, "One More chance," The Rand Corporation Study, May 1985)

Race, rather than level of psychopathological or presence of aggressive behavior, was the single variable which predicted best whether a juvenile would be incarcerated in a juvenile detention rather than a mental health facility. (Lois A. Weithorn, Memorandum to Conference in Litigation Advocacy on Behalf of Handicapped Children, May 28, 1985).

According to Guttridge's data (1981), children in state facilities in California were more likely to be committed by the state (84.3%), were more likely to have a serious psychiatric disorder (e.g., psychosis), were more likely to be of lower socioeconomic status and therefore have little private insurance, and were more likely to have a brief stay (mean=13 days) that were children in private facilities. (Lois A. Weithorn, Memorandum to Conference on Litigation Advocacy on Behalf of Handicapped Children, May 28, 1985).

Three-fourths of the children entered foster care because of family related reasons and over three-fourths of these were for abuse and neglect. (Adoption Fact Book, WCFA, 1985).

Twenty percent of the children re-enter the foster care system wihin one year of discharge from foster care. (Adoption Fact Book, WCFA, 1985).

A parent has a Fourteenth Amendment right to bring up his children free from unreasonable state restrictions on their education, including religious education. In order to be reasonable, state regulations must not obliterate the distinctions between public and private education. (James G. Carpenter, "State Regulation of Religious Schools, "Journal of Law and Education, April, 1985).

Parents also have a free exercise of religious right under the First Amendment to oversee the religious upbringing of his children. This right is distinctive from that under the Fourteenth Amendment and serves to protect the parent being compelled by the state to educate his children in a way violating his genuine religious convictions, unless government can show a compelling state interest. (James G. Carpenter, "State Regulation of Religious Schools," Journal of Law and Education, April, 1985).

Using techniques designed to locate all hard-to-find schools in a sample of 22 counties, Bruce Cooper and Donald McLaughlin estimate that there are 15,000 non-Catholic private schools in the U.S., serving two million children; they estimate that enrollment in these schools are increasing at a rate of 100,000 per year. It seems likely that the largest growth in attendance has occurred among small, unaccredited schools. (Patricia M. Lines, "State Regulation of Private Education," Phi Delta Kappan, 1982).

Evidence from standardized tests suggests that these unaccredited alternatives are educationally adequate. Test scores introduced as evidence in a few lawsuits suggests that children's performances improve after they are enrolled in unauthorized educational programs. (Patricia M. Lines, "State Regulation of Private Education," Phi Delta Kappan, 1982).

VisionQuest demonstrates what a private contractor can do in developing an innovative program. It is difficult to imagine a public agency daring to ignore an array of sacred cows as VisionQuest has done . . . VisionQuest also demonstrates that it is possi-

ble to incapacitate chronic juvenile offenders (remove them from society temporarily) without incarcerating them. (Peter Greenwood, et al., "Youth Crime and Juvenile Justice in California," The Rand Corporation, June, 1983).

The judges who play a role in committing juveniles to VisionQuest are highly enthusiastic about the program, as are the parents of many of the juveniles who have attended . . . the public officials or consultants sent out to investigate have written glowing endorsements of VisionQuest's program and practices. (Peter Greenwood, et al., "Youth Crime and Juvenile Justice in California," The Rand Corporation, June, 1983).

DAN COATS.

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